FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

ROBERTS FINANCIAL CORP. OF SOUTHEAST FLORIDA

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business			1390 S OCEAN BLVD			1			
1390 S OCEAN BLVD									
PENTHOUS	e f Beach fl 33062		PENTHOUSE F POMPANO BEACH FL 33062			DO NOT WRITE IN THIS SPACE			
- CMITAIN	DEMOTE LE DOUG	rOr	ar anto penon fi			3. Date Incorporated or Qualified			
!						04/05/1979			
2, Principal P	ace of Business	2a. Ma	iling Address			4. FEI Number		ΠA	pplied For
21		26	-			59-1900087			ot Applicable
Suite, Apt	#, etc.	and the same of th	te, Apt. #, etc.				\$		Additional
22		27				5. Certificate of Status Desired	•		equired
City & State	9		& State			6. Election Campaign Financing	5	55.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Ζιp		Country	,	8. This corporation owes or has paid th	e current	year In	itangible
24	25	29		30		Personal Properly Tax due June 30.	☐ Ye		□ No
	g, Name and Address of Cure	ent Registere	d Agent			10. Name and Address of New Registe	ered Ager	nt	
	ONNOR, JR., PHILIP R			81	Name				
1390 S OCEAN BLVD			82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
	ENTHOUSE F				3				
P	OMPANO BEACH FL 33062			83					
				84	City		85	: 7in	Code
				04	City		FL 🏻	' Ζιρ	0000
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1	508, Florida Statu	ites, the abov	e-named cor	rporation submits this statement for the purpo	se of cha	nging	its registered
office or re	egistered agent, or both, in the Sta m fam iliar with, and accept the ob	ite of Florida. S ligations of, Se	luch change was ction 607.0505. F	authorized by lorida Statute:	/ the corpora 3.	ation's board of directors. I hereby accept the	appointn	nent as	registered
SIGNATURE			·						
SIGNATURE	Signature, typed or printed name of registered	agent and title it app	icable (NC	It: Hogistered Agr	nt signature requ	uired when reinstating) DA	ATE		
12.	OFFICERS A	ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTO	RS IN 12
TITLE	S		DOLETE	1.1 TITLE				Change	Addition
NAME	CONNOR, PATRICIA H			1.2 NAME					
STREET ADDRESS	1390 S OCEAN BLVD PH	·F		1.3 STREET	ADDRESS				
CITY-ST-ZIP	Pompano Beach Fl			1.4 CITY - S	T-ZIP				
TITLE	PTD		DELETE	2.1 TITLE				Change	Addition
NAME	CONNOR, PHILIP R JR			2.2 NAME					
STREET ADDRESS	2419 E COMMERCIAL BL	VD.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 000	00		2. 4 CITY-	ST-ZIP				
TITLE			DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. City-:					
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 TITLE	,, E11			Change	Addition
NAME				4. 2 NAME				•	
STREET ADDRESS				4.3 STREET	Annarce				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY- S 5.1 TITLE	1-217			Change	Addition
NAME				5.2 NAME	- 1				7,00,000
STREET ADORESS				5.2 NAME 5.3 STREFT	ADDDECC				
CITY-ST-ZIP			DELETE	5.4 CITY - S	1-114		·	Change	Addition
TITLE			C) DECEIE	6.1 TITLE	1		<u>, , , , , , , , , , , , , , , , , , , </u>	าแดเเลีย	L AUGITION
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed with a state through with an address.