

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 754580 (9)**

1. Corporation Name

**ROBERT J. ROBIN SCHOLARSHIP FUND, INC.**

Principal Place of Business

% JOEL MARGOLIES  
9448 W. BROADVIEW DR.  
BAY HARBOR ISLAND FL 33154

Mailing Address

% JOEL MARGOLIES  
9448 W. BROADVIEW DR.  
BAY HARBOR ISLAND FL 33154



3. Date Incorporated or Qualified  
**10/10/1980**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **10101 COLLINS AVE. APT 11E**

27 **10101 COLLINS AVE. APT 11E**

City & State

City & State

23 **BAL HARBOR, FLORIDA**

28 **BAL HARBOR, FLORIDA**

Zip

Country

Zip

Country

24 **33154**

25 **USA**

29 **33154**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGOLIES, JOEL**

**9448 W. BROADVIEW DR.**

**BAY HARBOR ISLAND FL 33154**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**10101 COLLINS AVE.**

83 **APT 11E**

84 City **BAL HARBOR**

FL

85

Zip Code **33154**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Joel Margolies* **JOEL MARGOLIES**

(NOTE: Registered Agent signature required when reinstating)

**2/2/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **MARGOLIES, JOEL**  
STREET ADDRESS **9448 W. BROADVIEW DR.**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **10101 COLLINS AVE. APT. 11E**  
1.4 CITY-ST-ZIP **BAL HARBOR, FLORIDA 33154**

TITLE **DV** ☐ DELETE  
NAME **ROBIN, ROSE**  
STREET ADDRESS **60 PROSPECT AVE.**  
CITY-ST-ZIP **HEWLITT NY**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE  
NAME **VAN WYE, ANTHONY**  
STREET ADDRESS **4430 CASPER COURT**  
CITY-ST-ZIP **HOLLYWOOD FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **7002 KNotty Pine Dr.**  
3.4 CITY-ST-ZIP **CHapel Hill, N.C. 27514**

TITLE **DT** ☐ DELETE  
NAME **MARGOLIES, JEANNE**  
STREET ADDRESS **19195 MYSTIC POINTE DR**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joel Margolies* **JOEL MARGOLIES**

**2/2/96**

**305-868-1778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)