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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

JOEL MARGOLIES
10101 COLLINS AVE APT 11E
BAL HARBOUR FL 33154
USJOEL MARGOLIES
10101 COLLINS AVE APT 11E
BAL HARBOUR FL 33154-1656
US3. Date Incorporated or Qualified
10/10/19803a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2036139Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARGOLIES, JOEL
10101 COLLINS AVE
APT 11E
BAY HARBOR ISLAND FL 33154

81 Name

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

83

84 City

FL 85 Zip Code

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MARGOLIES, JOEL
STREET ADDRESS 10101 COLLINS AVE APT 11E
CITY - ST - ZIP BAY HARBOR ISLAND FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE DV ☐ DELETE
NAME ROBIN, ROSE
STREET ADDRESS 60 PROSPECT AVE.
CITY - ST - ZIP HEWLETT NY2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE DS ☐ DELETE
NAME VAN WYE, ANTHONY
STREET ADDRESS 7002 KNOTTY PINE DR
CITY - ST - ZIP CHAPEL HILL NC3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VAN WYE, CAROL
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE DT ☐ DELETE
NAME MARGOLIES, JEANNE
STREET ADDRESS 19195 MYSTIC POINTE DR
CITY - ST - ZIP N. MIAMI BEACH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/10/97 305-868-1788
Date Daytime Phone # 0030956

CR2E037 (9/96)