FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F70181 (5)

1. Corporation Name
A. ROBBINS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O HELEN R ROBBINS 3799 S BANANA RIVER BLVD #829 COCOA BEACH FL 32931	C/O HELEN R ROBBINS 3799 S BANANA RIVER BLVD #829 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business 21 190 PINELLAS LANE	2a. Mailing Address 26 190 PINELLAS LANE	4. FEI Number: 59-2169866 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 #511	Suite, Apt. #, etc. 27 #511	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 COCOA BEACH, FL	City & State 28 COCOA BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 32931-3308 / 25	Zip / Country 29 32931-3308 / 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBBINS, HELEN R
~~3799 S BANANA RIVER BLVD #829~~
~~COCOA BEACH FL 32931~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 190 PINELLAS LANE
83 #511
84 City: COCOA BEACH FL 85 Zip Code: 32931-3308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	ADDRESS CHG. ONLY ☒ Change ☐ Addition
NAME	ROBBINS, DAVID A	12 NAME	190 PINELLAS LANE, #511
STREET ADDRESS	~~3799 S BANANA BLVD.~~	13 STREET ADDRESS	COCOA BEACH, FL 32931-3308
CITY ST ZIP	~~COCOA BEACH, FL 00000~~	14 CITY ST ZIP	
TITLE	SD	21 TITLE	ADDRESS CHG. ONLY ☒ Change ☐ Addition
NAME	ROBBINS, HELEN R	22 NAME	190 PINELLAS LANE #511
STREET ADDRESS	3799 S BANANA BLVD.	23 STREET ADDRESS	COCOA BEACH, FL 32931-3308
CITY ST ZIP	COCOA BEACH, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, RICHARD A.	32 NAME	
STREET ADDRESS	16 SELFRIDGE RD.	33 STREET ADDRESS	
CITY ST ZIP	BEDFORD MA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FEINBERG, BARBARA R.	42 NAME	200001513152
STREET ADDRESS	19 BROOK RIDGE RD.	43 STREET ADDRESS	-06/14/95--01077--016
CITY ST ZIP	NEW ROCHELLE, NY.	44 CITY ST ZIP	****200.00 ****200.00
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, PAUL S.	52 NAME	
STREET ADDRESS	17222 GREENLEAF LANE	53 STREET ADDRESS	
CITY ST ZIP	HUNTINGTON BEACH CA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen R. Robbins sec'y 5/2/95 (407) 784-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
HELEN R. ROBBINS

0420403 FP