

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005598 (8)**

1. Corporation Name
ROBISON-PREZIOSO, INC.



Principal Place of Business 10950 DALE ST STANTON CA 90680	Mailing Address 10950 DALE ST STANTON CA 90680
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10114 SHOEMAKER AVE Suite, Apt. #, etc.		2a. Mailing Address 26 P O BOX 2448 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/09/1993	
22 City & State 23 SANTA FE SPRINGS, CALIF Zip 24 90670 Country 25 USA		27 City & State 28 SANTA FE SPRINGS, CALIF Zip 29 90670 Country 30 USA		4. FEI Number 95-3662219 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUTAGNY, MARIE	1.2 NAME	10114 SHOEMAKER AVE
STREET ADDRESS	10950 DALE ST	1.3 STREET ADDRESS	SANTA FE SPRINGS, CALIF. 90670
CITY-ST-ZIP	STANTON CA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUTAGNY, PHILIPPE	2.2 NAME	10114 SHOEMAKER AVE
STREET ADDRESS	10950 DALE ST	2.3 STREET ADDRESS	SANTA FE SPRINGS, CALIF. 90670
CITY-ST-ZIP	STANTON CA	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, RONALD W	3.2 NAME	10114 SHOEMAKER AVE
STREET ADDRESS	10950 DALE ST	3.3 STREET ADDRESS	SANTA FE SPRINGS, CALIF. 90670
CITY-ST-ZIP	STANTON CA	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, HAROLD	4.2 NAME	10114 SHOEMAKER AVE
STREET ADDRESS	10950 DALE ST	4.3 STREET ADDRESS	SANTA FE SPRINGS, CALIF. 90670
CITY-ST-ZIP	STANTON CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

, TREASURER

1/26/98

(562) 906-9002

CR2E034 (10/97)