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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400006328 (8)

ROBSON ENTERPRISES, INC.

## **FILED** Apr 23 1997 8:00am Secretary of State



Principal Plat	ce of Business	Mailing Address	Mailing Address 6714 29TH ST. SOUTH ST. PETERSBURG FL 33712-5516						10. 101. 100.
6714 29TH ST ST. PETERSBU									
						3. Date incorporated or Qualified 12/13/1994		e of Last 2/1996	
····	Place of Business	2a. Mailing Addr	ess	······································		4. FEI Number	<u></u>		Applied For
21 Suite, Apt	# ote	26	etc			36-3312463			Not Applicable  Additional
22	, n, bus.	27	Dic.			5. Certificate of Status Desired			Pequired
City & Sta	de	City & State				6. Election Campaign Financing		\$5.0	O May Be
23	Country	28		Country		Trust Fund Contribution			d to Fees
Ζφ <b>24</b>	25	Zip	30	···		8. This corporation has liability for Florida Statutes	intangible t ] Yes = []		s. 199.032,
	9. Name and Address of Curr	,				10. Name and Address of New Re	gistered A	gent	
	Bson, George			81	Name				
6714 29TH STREET SOUTH				82	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
SI.	PETERSBURG FL 33712			83	<del></del>		······································	<del>,,,</del>	
				94	City City			165 7	n Code
				84	City	prporation submits this statement for the pration's board of directors. I hereby acce	FL		p Code
SIGNATURE	Signal as Ingred or printed hards of registered	agent and title if applicable		legistered Age		quired when reinstating)	DATE		
12.	PST OFFICERS A	AND DIRECTORS	LETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	
NAME	ROBSON, GEORGE		LLIL	1.2 NAME	ļ*		•	Onenge	, Emil Mainto
STREET ADDRESS	ATT AND ADDRESS ASSESSED.			1.3 STREET	ADDRESS				
CI*Y-\$1-7IF	ST. PETERSBURG FL 33712	The same of the sa		14 CITY- 9	T-ZIP				
TITLE	DI ACK ENTADETH	DE DE	LETE	2.1 TITLE	{			Change	e [_] Addiţio
NAME STREET ADDRESS	BLACK, ELIZABETH 6714 29TH STREET SOUTH		i	2.2 NAME 2.3 STREET	ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL 33712	<b>!</b>		2.4 CITY-					
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NAME				3.2 NAME	: 1	•			
STREET ADDRESS				3.3 STREET					
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NAME		<del>-</del>	:	4. 2 NAME	į			-	
STREET ADDRESS	, }			4.3 STREET	ADDRESS				
CITY-ST-ZIP		77.		4.4 CITY - S	ST-ZIP	***************************************		7 05	. File A Death
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NAME STREET ADORESS				5.3 STREET	ADDRESS				
CITY-ST ZIP				5.4 CITY~S	1				
TITLE		☐ DE	LETE	6.1 TITLE				Chango	e 🔲 Additio
NAME				6.2 NAME	į				
STREET ADDRESS				6.3 STREET	1				
CITY-ST-ZIP				6.4 CITY - S	T-ZIP	- (1- 6			

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 607, Florida Statutes; and that any appears in Block 12 or Block 13 yestianged, or on an attachment with an address.

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