

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G47878** (5)
1. Corporation Name
THE ROBB REPORT OF SOUTH FLORIDA, INC.



Principal Place of Business 8709 N.W. 52ND PLACE CORAL SPGS. FL 33067	Mailing Address 8709 N.W. 52ND PLACE CORAL SPGS. FL 33067-2840
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2. Principal Place of Business 21 5220 NW 87 way Suite, Apt. #, etc.		2a. Mailing Address 26 5220 NW 87 way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1983	3a. Date of Last Report 05/01/1996
22 City & State 23 Coral Springs FL		27 City & State 28 Coral Springs FL		4. FEI Number 59-2311858	Applied For Not Applicable
24 Zip 33067 25 Country USA		29 Zip 33067 30 Country USA		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEVITT, PRESTON 8211 W BROWARD BLVD PH4 PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name Preston Levitt 82 Street Address (P.O. Box Number is Not Acceptable) 8211 W. Broward Blvd PH4 83 84 City Plantation 85 Zip Code FL 33324	
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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	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN PHILIP	1.2 NAME	
STREET ADDRESS	8709 N.W. 52 PLACE	1.3 STREET ADDRESS	5220 NW 87 way
CITY-ST-ZIP	CORAL SPGS. FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN KRIS	2.2 NAME	
STREET ADDRESS	8709 N.W. 52 PLACE	2.3 STREET ADDRESS	5220 NW 87 way
CITY-ST-ZIP	CORAL SPGS. FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 dated 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: Phil Glassman Phil Glassman 4/24/97 (954) 755-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)