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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90037 021 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H43810 1. Corporation Name

CFM - ROBTRE, INC.

Bringinal Blace	of Business	Mailing Address		
7205 ESTERO BLVD 7205 E % ROBERT G. FIDDLER. P.O. BOX 37 % ROB		7205 ESTERO BLVD % ROBERT G. FIDDLER. P.O FT. MYERS BCH FL 33931). BOX 37	DO NOT WRITE IN THIS SPACE
FI. MITERS BUT	1 FL 33931	FI. MIENO DON FE 33901		3. Date Incorporated or Qualifed 02/21/1985
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	·	59-2493315 Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution *** \$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre	1=2113	30	10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name	10.110.00.00.00.00.00.00.00.00.00.00.00.
FIDD	LER, ROBERT G.			i (S.O. F. a. North Association)
7205 ESTERO BLVD. BOX 37			82 Street Add	ress (P.O. Box Number is Not Acceptable)
FT. MYERS BEACH FL 33931		83		
			84 City	FL 85 Zip Code
	amintared agent or both in the State	o of Florida. Such change was all	inonzea ov ine comorau	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autations of, Section 607.0505, Florid	thonzed by the corporation da Statutes.	on's poard of directors. Thereby accept the appointment as registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	ent and title if applicable. (NOTE: F	thorized by the corporation of the statutes. Registered Agent signature requires	ed when reinstaling); ; ; ; ; DATE
office or reagent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida, Such change was autations of, Section 607.0505, Florident and title if applicable. (NOTE: F ND DIRECTORS	thonzed by the corporation da Statutes. Registered Agent signature requirements.	ed when reinstating): 22 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition