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CORPORATION 🔓 ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H96217

(5)

WROBEL, INC.

FILED May 09 1997 8:00am Secretary of State



-224 S MILITA -DESPRIELD B								
BOCA RATION FL 33434					 Date Incorporated or Qualifie 01/27/1986 	fied 3a , Date of Last Report 05/01/1996		
2. Principal Place of Business 21 ICII 3 FOX LANDING 0226 Suite, Apt. #, etc. 22 BOGA VATON FLORIDA 27					4. FEI Number 59-2634664		Applied For Not Applicable	
					5. Certificate of Status Desired	S8 75 Additional		
City & Sta 23 33	ale	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ	Country	Zip	Count	try	8. This corporation has liability f	_ ~ _	_	s. 199.032,
24	25 g. Name and Address of Current	[29] Registered Agent	30		Florida Statutes 10. Name and Address of New	4-44	J No Laent	_,
WE	ROBEL, JOHN A.	11031010104 1130111		1 Name	10, 1141111 11,0111111111111111111111111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	113 FOX LANDING DR			Street Add	iress (P.O. Box Number is Not Accep	tabla)		
BOCA RATON FL 33434					iless (F.O. BOX Number is Not Accep	mable)		
			Į.	13				
			E	14 City		FL	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-named cor	poration submits this statement for th		changing i	its registered
office or agent. (t to the provisions or Sections 607,0502 registered agent, or both, in the State cam familiar with, and accept the obligat	of Florida. Such change was tions of Section 607.0505, F	authorized Iorida Statu	by the corpora tes.	ition's board of directors. I hereby ac-	cept the app	antment as	registered
SIGNATURE	\	robed 101	AN D	_C)120	DBFL	4	-30	-97
	Signature typed of printed name of registered agen			Ageni signature requ	ADDITIONOUGH ANGES TO OF	DATE CICEDO ANO	DIRECTO	DC IN 10
12.	OFFICERS AND	DELETE	13.	Ē	ADDITIONS/CHANGES TO OF		Change	Addition
NAME	WROBEL, JOHN A.		1.2 NAM					. —
STREET ADDRESS	19113 FOX LANDING DR	_	1	EET ADDRESS				
CITY ST-ZIP	BOCA RATON FL 33434	* *************************************	1.4 City	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITL	E			Change	Addition
NAME			2.2 NAM	IE				
STREET ADDRESS				FET ADDRESS				
CITY - ST - ZIP		DELETE		Y-ST-ZIP		· ····	Change	Addition
TITLE NAME		[-] bereit	3.1 TITLI 3.2 NAM	1			אומווט וייי	
STREET ADORESS				EET ADDRESS				
CITY-ST-ZiP			1	Y-ST-ZIP				
TITLE		DELETE	4.1 TITU				Change	Addition
NAME			4. 2 NAA	AE			-	
STREET ADDRESS			4.3 STR	EET ADORESS				
City+St-ZiP			4.4 City	'-ST-ZIP				
TITLE		DELETE	5.1 TITL	E			Change	Addition
NAMÉ			5.2 NAM	l l				
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP	ļ	T beieze		-ST-ZIP		······································	[1225
TITLE		☐ DELETE	6.1 TITU	1			Change	Addition
NAME			62 NAM					
STREET ADDRESS				EET 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 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 arm 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 hanged, or on an exechment with an address.

SIGNATURE: