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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:05

DOCUMENT # **J06969** **(6)**

1. Corporation Name
ROBELEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~8440 STATE ROAD 84~~ ~~FT. LAUDERDALE FL 33324~~ ~~US~~	~~8440 STATE ROAD 84~~ ~~FT. LAUDERDALE FL 33324~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10624 EL Paraiso Pl	26 10624 EL Paraiso Pl
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Bch FL	City & State 28 Delray Bch FL
Zip 24 33445 Country 25 USA	Zip 29 33445 Country 30 USA

4. FEI Number: 59-2659416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has initially for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBELEN, CRAIG G.J. 8440 STATE ROAD 84 FT LAUDERDALE FL 33324	01 Name: Craig Robelen 02 Street Address (P.O. Box Number is Not Acceptable): 10624 EL Paraiso PL 03 04 City: Delray FL 05 Zip Code: 33445

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: Craig Robelen — 6/2/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBELEN, CRAIG G.J.	12 NAME		
STREET ADDRESS	10624 EL PARAISO PLACE	13 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP		
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	FUGATE KAREN	22 NAME	Karen Fugate	
STREET ADDRESS	1630 LAKESHORE AVE	23 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	Deleted	
TITLE		31 TITLE		
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	Secretary, V.P.	☐ Change ☒ Addition
NAME		42 NAME	Lisa Robelen	
STREET ADDRESS		43 STREET ADDRESS	10624 EL Paraiso PL	
CITY ST ZIP		44 CITY ST ZIP	Delray Bch, FL 33445	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [redacted] Craig Robelen — 6/2/95 — 407 637 6073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232459 CP