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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J18877

(7)

1. Corporation Name

ROBERT BRUCE L. CORP.

Principal Place of Business

18305 BISCAYNE BOULEVARD  
SUITE 214  
NORTH MIAMI BEACH FL 33160

Mailing Address

18305 BISCAYNE BOULEVARD  
SUITE 214  
NORTH MIAMI BEACH FL 33160-2172

3. Date Incorporated or Qualified  
06/11/1986

3a. Date of Last Report  
09/26/1996

2. Principal Place of Business

21 11111 Biscayne Blvd.

Suite, Apt. #, etc.

22 Penthouse K

City & State

23 N. Miami, FL

Zip

24 33181

Country

25 USA

2a. Mailing Address

26 11111 Biscayne Blvd.

Suite, Apt. #, etc.

27 Penthouse K

City & State

28 N. Miami, FL

Zip

29 33181

Country

30 USA

4. FEI Number

59-2682590

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KWASHA, H. CHARLES  
18305 BISCAYNE BOULEVARD  
SUITE 214  
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

Marshall J. Emas, ESq.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o English McCaughan & O'Bryan, P.A.

83

100 NE Third Avenue, Suite 1100

84 City

Ft. Lauderdale,

FL

85 Zip Code

33301

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME KWASHA, H. CHARLES  
STREET ADDRESS 18305 BISCAYNE BOULEVARD  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/S ☐ Change ☒ Addition  
1.2 NAME Robert Kwasha  
1.3 STREET ADDRESS 2704 Laurelwood Road, NE  
1.4 CITY-ST-ZIP Atlanta, GA 30360

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Linda Kwasha  
2.3 STREET ADDRESS 4118 Camellia Avenue  
2.4 CITY-ST-ZIP Studio City, CA 91604

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME Bruce Kwasha  
3.3 STREET ADDRESS 1535 Baker's Glen Drive  
3.4 CITY-ST-ZIP Dunwoody, GA 30338

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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 attached "with" an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Kwasha 4/15/97

Date

Daytime Phone #

CR2E034 (9/96)