

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 29 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J30009** (1)

1. Corporation Name
JONATHAN ROBERT, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 63-4051 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/21/1986** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2718005		Not Applicable	
22 Suite, Apt. #, etc. P.O. BOX 93-4051		27 Suite, Apt. #, etc. P.O. BOX 93-4051		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State MARGATE, FL		28 City & State MARGATE, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33093		25 Country USA		29 Zip 33093		30 Country USA	

6. This corporation has liability 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			
FARKAS, WILLIAM D. 5321 NE 24TH TERR 508-A FT. LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, DODD W.	1.2 NAME	SCHRODER, DODD W.
STREET ADDRESS	5321 NE 24TH TERR 508-A	1.3 STREET ADDRESS	N/A
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, BEVERLY JUNE	2.2 NAME	SCHRODER, JONATHAN R.
STREET ADDRESS	2525 SE HAMDEN RD.	2.3 STREET ADDRESS	9 HIGHVIEW RD.
CITY - ST - ZIP	PORT ST. LUCIE FL	2.4 CITY - ST - ZIP	E. HANOVER, NJ 07936
TITLE	S	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARKAS, WILLIAM D.	3.2 NAME	FARKAS, WILLIAM D
STREET ADDRESS	5321 NE 24TH TERR 508-A	3.3 STREET ADDRESS	209 N ATLANTIC BLVD. SUITE 14C
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33304
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, ROBERT DODD	4.2 NAME	
STREET ADDRESS	2525 SE HAMDEN RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 recipient of a power of attorney 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: William D. Farkas **WILLIAM D. FARKAS** 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)
305-767-9786