

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J30009 (1)

1. Corporation Name

JONATHAN ROBERT, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 93-4051
MARGATE FL 33093
US

POST OFFICE BOX 93-4051
MARGATE FL 33093
US

3. Date Incorporated or Qualified

08/21/1986

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2718005

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

FARKAS, WILLIAM D.
5321 NE 24TH TERR 508-A
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81

Name

WILLIAM D. FARKAS

82

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

5300 NE 24TH TERR. 408C

83

84

City

FT. LAUDERDALE

FL

85

Zip Code
33308

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 of 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

P
SCHRODER, DODD W
5321 NE 24TH TERR 508-A
FT. LAUDERDALE FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

VP
SCHRODER, JONATHAN R
9 HIGHVIEW ROAD
EAST HANOVER NJ

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

S
FARKAS, WILLIAM D
209 N. ATLANTIC BLVD., SUITE 14C
FT. LAUDERDALE FL

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

T
SCHRODER, ROBERT DODD
2525 SE HAMDEN RD.
PORT ST LUCIE FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P.O. BOX 93-4051
MARGATE, FL 33093-4051
N/A

5300 NE 24TH TERR. 408C
FT. LAUDERDALE, FL 33308

P.O. BOX 93-4051
MARGATE, FL 33093-4051 N/A

100001793701
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***208.75

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)(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 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:

Signature and typed or printed name of signing officer or director

SECRETARY

Date:

4/17/96

Daytime Phone #

954-71-0055

CR2E034 (12/95)