

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35540 (0)

1. Corporation Name

ROBBIE SCOREBOARD CORPORATION

Principal Place of Business

2269 N W 199TH STREET
MIAMI FL 33056

Mailing Address

2269 N W 199TH STREET
MIAMI FL 33056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1986

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2763114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131

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, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBBIE, DANIEL T.
STREET ADDRESS	2269 N.W. 199TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	CO
NAME	ROBBIE, TIMOTHY J.
STREET ADDRESS	2269 NW 199TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	EVP
NAME	ROBBIE, JANET L.
STREET ADDRESS	2269 NW 199TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	LIFF, JANN, M
STREET ADDRESS	2269 NW 199TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	EVP
NAME	JONES, EDDIE, J.
STREET ADDRESS	2269 NW 199TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Andersen, Richard L.	
1.3 STREET ADDRESS	2269 N.W. 199th St	
1.4 CITY - ST - ZIP	Miami, FL 33056	
2.1 TITLE	DVPS	☒ Change ☐ Addition
2.2 NAME	Rochon, Richard C.	
2.3 STREET ADDRESS	2269 N.W. 199th St	
2.4 CITY - ST - ZIP	Miami, FL 33056	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	Barr, Adrian	
3.3 STREET ADDRESS	2269 N.W. 199th St.	
3.4 CITY - ST - ZIP	Miami, FL 33056	
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		

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****200.00 ****200.00

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)(b), 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 the agent, or on an attachment with an address.

SIGNATURE:

Adrian E. Barr

4-27-95

(305) 623-6100

Adrian E. Barr, Treasurer