

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
09/30/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2763114

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

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

24

Country

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

American Information Services, Inc.

82

One S.E. Third Avenue

83

27th Floor

84

Miami

33131

FL Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ANDERSEN, RICHARD L.  
STREET ADDRESS 2269 N W 199TH ST  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE DVPS  
NAME ROCHON, RICHARD C.  
STREET ADDRESS 2269 NW 199TH STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE T  
NAME BARR, ADRIAN  
STREET ADDRESS 2269 NW 199TH STREET  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Robert L. Kramm  
1.3 STREET ADDRESS 2269 NW 199th St.  
1.4 CITY-ST-ZIP Miami, FL 33056 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE T/AS  
3.2 NAME Joanthan D. Mariner  
3.3 STREET ADDRESS 2269 NW 199th St.  
3.4 CITY-ST-ZIP Miami, FL 33056 ☐ Change ☒ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

RICHARD C. ROCHON

4/26/96

Date

954-627-5000

Daytime Phone #

CR2E034 (12/95)