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 MAY -1 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35542 (6)

1. Corporation Name
ROBBIE CONCESSIONS CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2269 NW 199 ST MIAMI FL 33056	2269 NW 199 ST MIAMI FL 33056

3. Date Incorporated or Qualified: 09/30/1986
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 59-2763115 ☐ 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

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	11 TITLE	P	☒ Change ☒ Addition
NAME	~~ROBBIE, TIMOTHY J.~~	12 NAME	Andersen, Richard L.	
STREET ADDRESS	~~2269 N.W. 199 ST.~~	13 STREET ADDRESS	2269 NW 199 ST	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	Miami, FL 33056	
TITLE	~~PD~~	21 TITLE	DVPS	☒ Change ☒ Addition
NAME	~~ROBBIE, DANIEL T.~~	22 NAME	Rochon, Richard C.	
STREET ADDRESS	~~2269 N.W. 199TH ST.~~	23 STREET ADDRESS	2269 NW 199 ST	
CITY-ST-ZIP	~~MIAMI F L~~	24 CITY-ST-ZIP	Miami, FL 33056	
TITLE	~~EVD~~	31 TITLE	T	☒ Change ☐ Addition
NAME	~~ROBBIE, JANET L.~~	32 NAME	Barr, Adrian	
STREET ADDRESS	~~2269 N.W. 199TH ST.~~	33 STREET ADDRESS	2269 N.W. 199 ST	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	Miami, FL 33056	
TITLE	~~D~~	41 TITLE		☐ Change ☐ Addition
NAME	~~HUIZENGA, H. WAYNE~~	42 NAME		
STREET ADDRESS	~~2269 NW 199TH STREET~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI, FL~~	44 CITY-ST-ZIP		
TITLE	~~T~~	51 TITLE		☐ Change ☐ Addition
NAME	~~DUFFY, WILLIAM, T~~	52 NAME		
STREET ADDRESS	~~2269 N.W. 199TH ST~~	53 STREET ADDRESS		
CITY ST ZIP	~~MIAMI FL~~	54 CITY ST ZIP		
TITLE	~~EV~~	61 TITLE		☐ Change ☐ Addition
NAME	~~JONES, EDDIE, J~~	62 NAME		
STREET ADDRESS	~~2269 N.W. 199TH ST~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	64 CITY-ST-ZIP		

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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)(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 attachment with an addition.

SIGNATURE: Adrian E. Barr 4-27-95 (305) 623-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

Adrian Barr, Treasurer

043A03 FP