

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:05

DOCUMENT # K59997 (2)

1. Corporation Name

ROBELEN & ASSOCIATES AT WESTON, INC.

Principal Place of Business

~~8440 STATE RD. 03~~
~~FT. LAUDERDALE FL 33324~~
~~US~~

Mailing Address

~~8440 STATE ROAD 03~~
~~FT. LAUDERDALE FL 33324~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0093986

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

2. Principal Place of Business

21 10624 EL PARADISO PL.

Suite, Apt. #, etc.

22 City & State

23 Delray Bch FL

Zip

24 33446

Country

25 USA

2a. Mailing Address

26 10624 EL PARADISO PL.

Suite, Apt. #, etc.

27 City & State

28 Delray Bch FL

Zip

29 33446

Country

30 USA

9. Name and Address of Current Registered Agent

ROBELEN, CRAIG

~~8440 STATE RD. 04~~

~~FT. LAUDERDALE FL 33324~~

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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87

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89

90

91

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100

SIGNATURE

Craig Robelen

(NOTE: Registered Agent signature required when reinstating)

6/2/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 stated 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 13 if changed, or as an attachment with an affidavit.

SIGNATURE:

Craig Robelen
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6/2/95 4076378072
Date Signature