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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K59997**
 1. Corporation Name
ROBELEN & ASSOCIATES AT WESTON, INC.

Principal Place of Business
 10624 EL PARAISO PL
 DELRAY BEAC FL 33446
 US

Mailing Address
 10624 EL PARAISO PL
 DELRAY BEACH FL 33446
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3508 Pinehaven Circle**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **3508 Pinehaven Circle**
 Suite, Apt. #, etc.

22 City & State
Boca Raton

23 City & State
Boca Raton

24 Zip **33431** Country **USA**

25 Zip **33431** Country **USA**

3. Date Incorporated or Qualified
01/23/1989

4. FEI Number
65-0093986

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ROBELEN, CRAIG
10624 EL PARAISO PL
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name **Robelen Craig**

82 Street Address (P.O. Box Number is Not Acceptable)
3508 Pinehaven Circle

83

84 City **Boca Raton** FL 85 Zip Code **33431**

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 *Craig Robelen* DATE **1/19/99**

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

12. OFFICERS AND DIRECTORS

TITLE **DPT** DELETE

NAME **ROBELEN, CRAIG**

STREET ADDRESS **10624 EL PARAISO PL** *Address Chang*

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DS** DELETE

NAME **ROBELEN, LISA**

STREET ADDRESS **10624 EL PARAISO PL** *Address Change*

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE DELETE

NAME

STREET ADDRESS

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 **Pres/Treas DPT** Change Addition

1.2 NAME **Craig Robelen**

1.3 STREET ADDRESS **3508 Pinehaven Circle**

1.4 CITY-ST-ZIP **Boca Raton FL 33431**

2.1 TITLE **Sec DS** Change Addition

2.2 NAME **LISA Robelen**

2.3 STREET ADDRESS **3508 Pinehaven Circle**

2.4 CITY-ST-ZIP **Boca Raton FL 33431**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: *Craig Robelen* DATE **1/19/99** DAYTIME PHONE # **581 482 9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)