## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K81169

(0)

ROBERT/CHARLES BUILDERS, INC.

	Principal Place of Business	Mailing Address	
	-4579 FRANWOOD DR -DELRAY BEACH FL-83445-	-4570 FRANWOOD DR:- -DELRAY BEACH FL 33445-3261	
ł			3 Date Incor

## FILED Apr 28 1997 8:00am Secretary of State



-DELRAY-BEAG	OH FL-83445- DELRAY BEACH FL 33445-3261					
					Date Incorporated or Qualified     04/18/1989	3a, Date of Last Report 09/03/1996
	lace of Business	2a, Mailing Address	. 63 .		4. FEI Number	Applied For
21 326			18+A	UE	65-0120010	Not Applicable
Sulte, Apt.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23 DELR	COUNTRY COUNTRY		3EAC		Trust Fund Contribution	Added to Fees
Zip 334	144 25 USA	29 Zip 33444 3	Country (0	WA		Yes 🗍 No
	g. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	Jistered Agent
	GENFUSS, CHARLES		61	Ivame		
	N.E. 85TH ST. 78⊙8	NW 6th ST	82		ess (P.O. Box Number is Not Acceptab	e)
-800	BOCI	A RATUN FL?	>348/ <sub>83</sub>			
İ			84	City		FL 85 Zip Code
l office or re	<b>egistered agent, or both, in the State c</b>	of Florida. Such charige was au	thorized b	v the corporati	oration submits this statement for the pi ion's board of directors. I hereby accep	urnose of changing its registered
SIGNATURE	m familiar with, and accept the obligat					
12,	Signature, typed or printed name of registered agent OFFICERS AND			ent signature require	ed when reinstating)	DATE
TITLE	n OTTOERS AND	DELETE	13. 1.1 TOTLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ZIEGENFUSS, ROBERT		1.2 NAME	İ		C Outrigo C Addition
STREET ADDRESS	4570 FRANWOOD DR.			1 ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CHY-			
TITLE	PD	DELETE	2.1 TITLE	-		Change Addition
NAME	ZIEGENFUSS, CHARLES		2.2 NAME			
STREET ADDRESS	708 N.W. 6TH ST.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-	ST-ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREE	I ADDRESS		
CITY-ST-ZIP			3 4. CHY-	ST-2IP		
TITLE .		☐ DELETE	4.1 THLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STRECT	I ADDRESS		
CITY-ST-ZIP		T recept	4.4 CITY - 1	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - 1	ST-ZIP		The state of the s
TITLE		←1 DETEIE	6.1 TITLE			Change Adrition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET			
CITY-ST-ZIP			6.4 CITY - 1	S1 · Z(P		

14. I do 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 9h; that I am an officer or director of the corporation or the receiver or trusted 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.

OLONIATURE.