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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(1)

1. Corporation Name

ROBINSON'S PASTRY SHOP, INC.

Principal Place of Business

215 CLEMATIS ST

Mailing Address

215 CLEMATIC CT

FILED May 01 1996 8:00 am Secretary of State



WEST PALM BEACH FL 33401		WEST PALM BEACH FL 33401				
					Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0146574	Not Applicable	
22 City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	<i>†</i>	This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	
			81	Name		<u> </u>
ROBINS	on, Stephen, J		82	Street Ac	dress (P.O. Box Number is Not Acceptable	3)
	MATIS ST			<u> </u>		
WPALM	BEACH FL 33401		83			
			84	City		FL 85 Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	and 607.1508, Florida Statute a. Such change was authorize n 607.0505. Florida Statutes	es, the above- ed by the corp	named corp xoration's bo	poration submits this statement for the purpoper of directors. I hereby accept the appoi	ose of changing its registered office numeral as registered agent. I am
SIGNATURE	Signature, typeo or printed name of registered agont a				ered wher reinstating)	
12.	OFFICERS AND		13.	it signature requ	ADDITIONS/CHANGES TO OFFIC	PERS AND DIRECTORS IN 10
TITLE	PD	[] DELETE	1. 1 THILE		ASSITION OF PARTICLES TO OFFICE	Change Addition
NAME	robinson, Stephen J.		1.2 NAME	l		
STREET ADDRESS	215 CLEMATIS ST.		1.3 STREE	ADDRESS		
CITY-S1-ZIP	W PALM BEACH FL		1.4 CITY-5	S1 - ZIP		
TITLE	VD	DELETE	2. 1 TITLE			Change Addition
NAME	ROBINSON, YOLANDA E. 215 CLEMATIS ST.		2 2 NAME			
STREET ADDRESS CITY-ST-ZIP	W PALM BEACH FL		2.3 STREET			
TITLE	ST	DELETE	24 CHTY- S 3 1 TITLE	17 - ZIP		
NAME I	ROBINSON, JACQUELINE	EJ betele	3.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	220 SUNSET ROD		3.3. STREE	LADDRESS	•	
CHTY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY - S			
TITLE		DELETE	4. 1 TITLE			Change Addition
NAMÉ			4.2 NAME			
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	1 - ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME	ĺ		ļ
STREET ADDRESS			53STREET	ADDRESS		
CITY-ST-ZIP TITLE		/ Drugge	5.4 CITY-S	T- 216		
NAME		DELETE	6. 1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME			
CITY-ST-ZIP			63 STREET			
	certify that the information supplied with	h this filino is voluntarily furnis	64 CITY-S shed and does	F-ZIP L	for the exemption stated in Section 119 07	VOVIA Floride Chaldes 14 day

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 22 or Block 23 or Block 23 or Block 25 or Bl

SIGNATURE:

YOLANDA E ROBINSON

407-833-4259