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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13234

(4)

1. Corporation Name

PHYL-ROB INVESTMENTS, INC.



Principal Place of Business

Mailing Address

~~025 MEADOWS RD.~~
~~SUITE 411~~
BOCA RATON FL 33486
US

~~025 MEADOWS RD.~~
~~SUITE 411~~
BOCA RATON FL 33486
US

2. Principal Place of Business

2a. Mailing Address

21 899 Meadows Rd

26 899 Meadows Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 302

27 Suite 302

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip

Country

Zip

Country

24 33486

25 USA

29 33486

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOON, PHYLLIS
025 MEADOWS RD.
SUITE 411
BOCA RATON FL 33486

81 Name

Toon, Phyllis

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

899 Meadows Rd

83

#302

84 City

Boca Raton

FL

85 Zip Code

33486

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DPT
TOON, PHYLLIS B
STREET ADDRESS
642 MARINA CT.
CITY-ST-ZIP
BOCA RATON FL

TITLE ☒ DELETE

NAME
DVS
SLACKMAN, ROBERT L
STREET ADDRESS
2494 N.W. 25TH ST.
CITY-ST-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
T
BATASKOV, KARRIE L.
STREET ADDRESS
2874 DEVON CT.
CITY-ST-ZIP
DELRAY BCH. 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/96

407.368.0233

CR2E034 (12/95)