

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 # **L21024 (9)**

1. Corporation Name
THE ROBERT PLAN OF FLORIDA CORPORATION



Principal Place of Business: **7640 SOUTHGATE BLVD SUITE #4 NORTH LAUDERDALE FL 33068 US**
Mailing Address: **100 CHARLES LINDBERGH BLVD. 6521 W. COMMERCIAL BLVD. UNIONDALE NY 11553-3631 US**

3. Date Incorporated or Qualified: **10/06/1989**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **11-2862061**
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 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and street address. (NOTE: Registered Agent signature required when nonresiding)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALLACH, ROBERT	
STREET ADDRESS	46 SCHOOL LANE	
CITY-STATE-ZIP	LYNBROOK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACH, WILLIAM	
STREET ADDRESS	1101 HARBOR ROAD	
CITY-STATE-ZIP	HEWLETT GARBOR NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLANDER, CARL R	
STREET ADDRESS	1065 PARK AVE	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEZAMOODEEN, PHILBERT	
STREET ADDRESS	38 ROOSEVELT AVE	
CITY-STATE-ZIP	EAST ROCKAWAY NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROY DIVITTORIO	
STREET ADDRESS	201 ONTARIO AVE.	
CITY-STATE-ZIP	MASSAPEQUA NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ISAACS, LAWRENCE S.	
STREET ADDRESS	31 CEDAR DR.	
CITY-STATE-ZIP	DANBURY CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S, T
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 checked or on an attachment with an address.

SIGNATURE: _____ DATE: **1/30/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAYTIME PHONE # **(516) 228-5000**

CR2E034 (12/95)