

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1989		3a. Date of Last Report 04/27/1995	
21. State, Apt. #, etc.		26. State, Apt. #, etc.		4. FEI Number 11-2862061		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 street address

(NOTE: Registered Agent Signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, ROBERT	1.2 NAME	
STREET ADDRESS	46 SCHOOL LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LYNBROOK NY	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, WILLIAM	2.2 NAME	
STREET ADDRESS	1101 HARBOR ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HEWLETT GARBOR NY	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, CARL R	3.2 NAME	
STREET ADDRESS	1065 PARK AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEZAMOODEEN, PHILBERT	4.2 NAME	
STREET ADDRESS	38 ROOSEVELT AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	EAST ROCKAWAY NY	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY DIVITTORIO	5.2 NAME	
STREET ADDRESS	201 ONTARIO AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MASSAPEQUA NY	5.4 CITY-STATE-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACS, LAWRENCE S.	6.2 NAME	
STREET ADDRESS	31 CEDAR DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	DANBURY CT	6.4 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(516) 228-5000

CR2E034 (12/95)