

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25** Mailing Address  
**26** **999 STEWART AVENUE**  
**27** Suite, Apt. #, etc.  
**28** City & State  
**29** **BETHPAGE, NY**  
**30** Zip  
**31** **11714**  
**32** Country  
**33** **USA**

3. Date Incorporated or Qualified  
**10/06/1989**  
4. FEI Number  
**11-2862061**  
Applied For  
Not Applicable  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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  
**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALLACH, ROBERT	
STREET ADDRESS	219 FEEKS LANE	
CITY-ST-ZIP	MILL NECK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACH, WILLIAM	
STREET ADDRESS	1101 HARBOR ROAD	
CITY-ST-ZIP	HEWLETT GARBOR NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLANDER, CARL R	
STREET ADDRESS	1065 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NEZAMOODEEN, PHILBERT	
STREET ADDRESS	38 ROOSEVELT AVE	
CITY-ST-ZIP	EAST ROCKAWAY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	USA DRILLICH
5.4 CITY-ST-ZIP	1591 HEREFORD ROAD
6.1 TITLE	HEWLETT, NY 11557
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 oath; that I am an officer or director of the corporation or the recorder 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]*

1/19/98

(516) 893-4010

CR2E034 (10/97)