

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

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L45198** (3)  
1. Corporation Name  
**ROBGLO, INC.**

Principal Place of Business <b>6297 SW 102 ST MIAMI FL 33156 US</b>	Mailing Address <b>6297 SW 102 ST MIAMI FL 33156 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/22/1990</b>	
				4. FEI Number <b>65-0169274</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHEKANOW, FRED 6297 SW 102 ST ***** MIAMI FL 33156</b>				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 <b>FL</b>			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	NAME	CHEKANOW, GLORIA	1.1 TITLE		1.2 NAME	
STREET ADDRESS	6297 SW 102 ST			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL						
TITLE	PD	NAME	MORRISON, ROBERTA	2.1 TITLE		2.2 NAME	
STREET ADDRESS	6297 SW 102 ST			2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL						
TITLE	D	NAME	CHEKANOW, FRED	3.1 TITLE		3.2 NAME	
STREET ADDRESS	6297 SW 102 ST			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL						
TITLE	D	NAME	MORRISON, LEONARD	4.1 TITLE		4.2 NAME	
STREET ADDRESS	6297 SW 102 ST			4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL						
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP							
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
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 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: *Gloria Chekanow* **GLORIA CHEKANOW** 1/5/98 305-661-9839

CR2E034 (10/97)