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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

ROBERTSON ORIGINALS INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					IQ I BIRIL QIBEL QIBIL BI	6(1 4181)	
% WILLIAM ROBERTSON 1123 GOLFVIEW STREET ORLANDO FL 32804		1123 GOLFVIEW STR ORLANDO FL 32804 US		DO NOT WRITE	. IN THIS SPACE		
					3. Date Incorporated or Qualified		
					04/30/1990		
 -	face of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
Suite, Apt	# Atc	Suite, Apt. #, etc.			59-3005607		Not Applicable 75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	7	e Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	•		Trust Fund Contribution Added to Fees		
Zip Country		Zip	}		8. This corporation owes or has paid the current year Intangible		
24	[25]	[29]	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	nt Hegistered Agent	B1	Name	10. Name and Address of New Re	gistered Agent	·
	DBERTSON, WILLIAM			Ivairie			
	23 GOLFVIEW STREET RLANDO FL 32804		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
"	1D 410 0 1 E 52001		83		······································		
			B4	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508 Horida Sta	tutes the abov	e-named cor	poration submits this statement for the		ing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	∈of Horida. Such change wa	s authorized b	y the corpora	tion's board of directors. I hereby acce	ot the appointmen	nt as registered
SIGNATURE	<u> </u>					· · ·	
12.	Signature, typed or printed name of registered age	ent mod fille if applicabile (N ID-DIRECTORS	IOTE Registered Ag	ent signature requ	ired wher reinstating) ADDITIONS/CHANGES TO OFFI	DATE SERS AND DIREC	TOPE IN 12
TITLE	D	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OTHE	Cha	
NAME	ROBERTSON, WILLIAM	_	1.2 NAME				
STREET ADDRESS	1123 GOLFVIEW ST.			I ADDRESS			j
CITY-ST-ZIP	ORLANDO FL	1		ST-ZIP			ŀ
THLE	D	DELETE		TITLE Change		nge 🔲 Addition	
NAME	Robertson, Bette		2.2 NAME				
STREET ADDRESS	1123 GOLFVIEW ST.		23STREE	1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-	ST-ZIP			
TITLE	DELETE		3.1 TITLE	ITITLE L. Cha		inge 🔲 Addition	
NAME			3.2 NAME	-			ļ
STREET ADDRESS				1 ADDRESS			i
CITY-ST-ZIP				S1-ZIP		[] Cha	nge 🔲 Addition
TITLE			4.1 1(1), 8			E J Cila	uBe □ Nondoll
NAME Street address			4. 2 NAME 4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-	Į.			
TITLE		DELETE	5.1 TITLE	Y		☐ Cha	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADORESS			
CITY-ST-ZIP			5.4 CITY-	\$1 - 7IP			
TITLE		DELETE	6.1 TITLE			Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-S1-ZIP			64 CITY-				
14 I bereby o	pertify that the information supplied w	with this filling does not qualify	for the exemi	ntion stated in	Section 119.07(3)(i), Florida Statutes, I	further certify tha	t 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 of 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.