

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L81111** (1)
1. Corporation Name
ROBINSON LOOP, INC.



Principal Place of Business % WILLIAM C ROBINSON PARRISH FL 34219 US	Mailing Address P.O. BOX 439 PARRISH FL 34219-0439 US
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3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 02/22/1996
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2. Principal Place of Business 21 6720 MOCCASIN WALLOW ROAD Suite, Apt. #, etc. 22 City & State 23 PARRISH, FLORIDA Zip Country 24 34219 25 U.S.A.	2a. Mailing Address 26 POST OFFICE BOX 439 Suite, Apt. #, etc. 27 City & State 28 PARRISH, FL Zip Country 29 34219 30 U.S.A.	4. FEI Number 65-0207765 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM C.
1-75 AND MOCCASIN WALLOW RD.
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	DPT	<input type="checkbox"/> DELETE
NAME	ROBINSON, WILLIAM C.	
STREET ADDRESS	6620 RIVERVIEW BLD.	
CITY - ST - ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEIN, SHARON	
STREET ADDRESS	2150 73ND ST. CIRCLE W	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBINSON, WILLIAM C.	
1.3 STREET ADDRESS	6720 RIVERVIEW BLVD	
1.4 CITY - ST - ZIP	BRADENTON, FL 34209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

(941) 722-3369

Date

Daytime Phone #

0434243

CR2E034 (9/96)