FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M78355 **DOCUMENT #**

Country

9. Name and Address of Current Registered Agent

25

(8)

ALAN W. ROBINSON, P.A.

Principal	Place	of	Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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28

29

9450 OLD DIXIE HWY. LAKE PARK FL 33403

2. Principal Place of Business

ROBINSON, ALAN W

9450 OLD DIXIE HIGHWAY LAKE PARK FL 33403

Suite, Apt. #, etc.

City & State

Zip

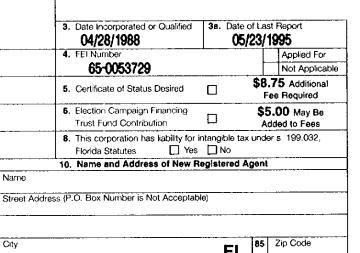
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9450 OLD DIXIE HWY. LAKE PARK FL 33403



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.

Country

81 Name

82

B4

City

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaturg). DATE DATE						
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THILE	POS DEL		☐ Change ☐ Addition			
NAME	ROBINSON, ALAN W	1.2 NAME				
STREET ADDRESS	7635 STEEPLE CHASE DR.	1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GRONS. FL 33418	1.4 CITY - ST - ZIP				
TITLE	T DEL	ETE 2. 1 TITLE	☐ Change ☐ Addition			
NAME	ROBINSON, MARTHA A	22 NAME				
STREFT ADDRESS	7635 STEEPLE CHASE DR.	23 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GRDNS. FL 33418	24 CITY-ST-ZIP				
TITLE	☐ DEL	ETÉ 3 1 TITLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS	;			
CITY - ST - ZIP	<u></u>	3.4 CITY - ST- ZIP				
TITLE	☐ DEL	ETE 4. 1 TITLE	Change Addition			
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY - ST - ZIP				
TITLE	DEL	ETE 5 1 THILE	☐ Change ☐ Addition			
NAME		5 2 NAME				
STREET ADDRESS		53 STREET ADDRESS				
CITY-ST-ZIP		54 CITY-ST-ZIP				
TITLE	□ OEL	ETE 6 1 TITLE	Change Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY - ST - ZIP		6.4 CITY - ST - 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 cath; 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:

Han WiRobinson

CR2E034 (12/95)