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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| Apr 1 | 14 19 | 998 | 8:00 |)am |
|-------|-------|------|-------|-----|
| Sec | creta | ry o | f Sta | ate |
| | | | | |

FILED

| DOCUI 1. Corporation ALAN V | MENT Name N. ROBIN | | M7835 N, P.A. | 55 | (8) | | | | | | | |
|---|------------------------------|---------------|--|------------------------|--|--------------------|-------------------------|----------------|----------------------------------|---|---------------|-----------------|
| Principal Place | of Busines | s | | M | ailing Address | | | | | | *** ***** *** | idi menu ekki |
| 9450 OLD DI | | | | | MSO OLD DIXIE HWY | | | | | | | |
| LAKE PARK F | FL 33403 | | | ι | .ake park FL <mark>3340</mark> 3 | } | | | | DO NOT INDITE IN THE OR | | |
| | | | | | | | | | | DO NOT WRITE IN THIS SPA | ACE | |
| | | | | | | | | | | 3. Date Incorporated or Qualified 04/28/1988 | | |
| 2. Principal Pi | ace of Busin | 2200 | | 20 | Mailing Address | | | | | 4. FEI Number | 1-14. | oplied For |
| 21 | 000 01 003. | 1000 | | 26 | Walling Accorda | | | | | 65-0053729 | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | | Additional | | |
| 22 | | | | | | | | | 5. Certificate of Status Desired | | equired | |
| | City & State City & State | | | | City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | | | 28 | | | | | | Trust Fund Contribution | | to Fees |
| Zip | | | Country | | Zip | | Country | ′ | | 8. This corporation owes or has paid the currer | | tangible |
| 24 | | 25 | | 29 | | 30 | <u> </u> | | | Personal Property Tax due June 30. | |] No |
| | | | Address of Curre | nt Regis | tered Agent | | | 1 | | 10. Name and Address of New Registered Ag | ent | |
| | BINSON, / | | | | | | B1 | Nam | Ð | | | |
| | 50 OLD DI | | | | | | 82 | Stree | t Addre | ess (P.O. Box Number is Not Acceptable) | | |
| LAKE PARK FL 33403 | | | | | | | | | | | | |
| ! | | | | | | | 83 | 1 | | | | ļ |
| | | | | | | | 84 | City | | FL | B5 Zip | Code |
| 44 Pursuant t | to the provis | ions | of Sections 607 054 | 12 and 6 | 07 1508 Florida Sta | tutes | the above | e-name | d corne | | anging i | te registered |
| office or re agent. I as | egistered ag m familiar w | ont ith, a | or both, in the State nd accept the oblig | of Florid ations of | da. Such change wa I. Section 607.0505, | as auth Florida | orized by a Statute | y the co s. | rporation | oration submits this statement for the purpose of chan's board of directors. I hereby accept the appoin | tment as | registered |
| SIGNATURE | Clanding band | l or res | led harming to provide ball | and prod little | M applicable (A | UCITE - Po | mintound And | ant elenah | un raci tiro | d when reinstating) DATE | | |
| 12. | arginature, typeci | Gr pan | OFFICERS AN | | | TOTAL IND | 13. | oni signan | ine redoire | ADDITIONS/CHANGES TO OFFICERS AND D | IRECTOR | IS IN 12 |
| TITLE | PDS | | | | ☐ DELETE | | 1.1 TITLE | | Т | | Change | ☐ Addition |
| NAME | ROBINS | SON, | ALAN W | | | | 1.2 NAME | | | | | ľ |
| STREET ADDRESS | 7635 STEEPLE CHASE DR. | | | | | 1.3 STREET ADDRESS | | : [| | | | |
| CITY-ST-ZIP | | | | | 1 | | | | | | 1 | |
| TITLE | 7 | | | | DELETE | | 2.1 TITLE | ,, <u>e</u> ,, | | | Change | Addition |
| NAME | ROBINS | ON, | MARTHA A | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 7635 STEEPLE CHASE DR. | | | | 1 | 2.3 STREET | | :] | | | Ĩ | |
| CITY-ST-ZIP | PALM BEACH GRONS. FL 33418 | | | | | 1 | 2. 4 CITY+ST-ZIP | | | | | 1 |
| TITLE | | | | | DELETE | | 3.1 TITLE | | 1 | | Change | Addition |
| NAME | | | | | | 1 | 3.2 NAME | | | | - | ľ |
| STREET ADDRESS | | | | | | | 3.3 STREET | ADDRESS | . [| | | |
| CITY-ST-ZIP | | | | | | | 3.4. CITY- | | | | - | |
| TITLE | | | | | DELETE | | 4.1 TITLE | - 1 11 | + | | Change | Addition |
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| STREET ADDRESS | | | | | | | 4.3 STREET | ADDRESS | . | | | |
| CITY-ST-ZIP | | | | | | 4 | 4.4 CITY-5 | | 1 | | | |
| TITLE | | | | -· | ☐ DELETE | | 5.1 THTLE | II - TIL | + | | Change | Addition |
| NAME | | | | | | | 5.2 NAME | | | _ | | |
| STREET ADDRESS | | | | | | I | 5.3 STREET | Annece | . } | | | ļ |
| i i | | | | | | Í | | | | | | ļ |
| CITY-ST-ZIP TITLE | | | | | DELETE | | 5.4 CITY-S 6.1 TITLE | 01-ZIP | +- | | Change | Addition |
| HAME | | | | | C. Piccit | | 6.2 NAME | | | <u> </u> | , change | المانانية، بـــ |
| 1 | | | | | | 1 | | ADDDCO | . | | | ì |
| STREET ADDRESS | | | | | | | 6.3 STREET | | · [| | | |
| CITY-\$1-ZIP | ertifu that th | o infe | vmation supplied i | with this 1 | iling dose not qualif | v for th | 6.4 CITY-S | | tod in S | Section 119 07(3Vi). Florida Statutes, Liurther certifi | u that the | information |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.

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