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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M82705

1. Corporation Name

ROBERTA'S PLACE, INC.

		•							e li 4 (14) (62) 10) 111 111
Principal Place	e of Business	Mailing Address				-	1111 VIO II V 31	AL) DIALI DIBLI A l	Off Bridge (AD)
% ROBERTA PERKINS		% ROBERTA PERKINS							
4972 N. PINE ISLAND RD.		4972 N. PINE ISLAND RD.				·			
LAUDERHILL FL 33351		LAUDERHILL FL 33351				DO NOT WRITE IN THIS SPACE			
			•			3. Date Incorporated or Qualifed 05/23/1988			}
2. Principal Pl	lace of Business	2a. Mailing Address	_		X107-	4. FEI Number		App	olied For
21	- Landard Control of the Control of	26	<u> </u>			~ -65-0053982		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	\$8.75 A	dditional
22		27	·]			5. Certificate of Status Desired		Fee Red	quired
City & State	e	City & State				6. Election Campaign Financing]	\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year inta		_
24	25	29	30			Personal Property Tax.		<i>A</i>	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered /	Agent	
005	ENDEDA LIATAD			81	Name				
	ENBERG, VICTOR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	INVERRARY DR						·		
#203				83					1
LAUD	DERHILL, FL 33319	•		84	City			85 Zip C	ode.
					•		FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	ove-r	named corpo	oration submits this statement for the pu	rpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a lations of Section 607.0505. Flo	utnorized rida Stati	i by th utes	ne corporatio	n's board of directors. I hereby accept the	ie appoir	unen as reg	Jistered
	The factor with and decopt the only								{
SIGNATURE									
0.0.0.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	Agent s	signature required	d when reinstating)	DATE		
12.		ent and title if applicable. (NOTE ND DIRECTORS	: Registered	Agent s	signature required	ADDITIONS/CHANGES TO OFFICE			
		on the second party of the	-		signature required			D DIRECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	TLE .	signature required				
12. TITLE	OFFICERS A	ND DIRECTORS	13. 1.1 TII 1.2 N/	TLE NME	signature required				
12. TITLE NAME STREET ADDRESS	P GREENBERG, VICTOR	ND DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 ST	TLE NME	ADDRESS			Change	Addition
12. TITLE NAME	P GREENBERG, VICTOR 3591 INVERRARY DR	ND DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 ST	TLE AME REET A	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENBERG, VICTOR 3591 INVERRARY DR LAUDERHILL FL ST	ND DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CF	TLE AME REET A TY-ST-2	ADDRESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GREENBERG, VICTOR 3591 INVERRARY DR LAUDERHILL FL	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CF 2.1 TI 2.2 N/	TLE AME REET AI TY-ST-2 TLE	ADDRESS			Change	Addition
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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, with all other like empowered.

SIGNATURE:

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90024 004 ***150.00