## PROFIT CORPORATION ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED Apr 29 1998 8:00am Secretary of State

CORPORATION ANNUAL REPORT 1998	Se DIVISION	Ira B. Mortham cretary of State OF CORPORATIONS	Secretary	of State
DOCUMENT # M891 1. Corporation Name Robin's Nest,	Inc. of Lak	e City		
Principal Place of Business	Mailing Address	11.C. HIWW 12°	3	
23446 U.S Huy 129	م ۱۹۴۷ کو	US Huy 12°	<b>'</b>	
O'Brien, A 32071	0.000	11/11/52071	DO NOT WRITE IN THIS	S SPACE
,			3. Date incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		A EEL Mushar	Applied For
21	26		59-2904308	Not Applicable
Suite, Apt. #, etc	Suite. Apt. #. etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip Country	7(p)	Country	This corporation owes or has paid the corporation of the corporation owes or has paid the corporation of the corporation owes or has paid the corporation of the	Added to Fees
24 25	29	30	Personal Property Tax due June 30	Yes No
9. Name and Address of	Current Registered Agent	B1 Name	10. Name and Address of New Registered	1 Agent
Beardsky, Dale Blackwell, Walker, 4215 South point to	Fascell & Hoe Blud Ste 26	62 Street Add	ress (PO. Box Number is Not Acceptable)	
JACKSONVILLE, FIS	3016	84 City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent or both, in the agent, I am familiar with, and accept the	i State of Florida. Such change <b>v</b>	vas authorized by the corporat	poration submits this statement for the purpose of	of changing its registered
SIGNATURE				
Signature types for professioner of need 12. Of FIGE	medianje tranditine fappileatile RSIAND DIRECTORS	(NOTE fleg-stered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DUDECTODO IN 40
TITLE P	. DELETE		ADDITIONAL TO OFFICERS AN	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  ROBINSON, JO 23446 U.S. HILL O'BRICH, FI	hn D	1 2 NAME		
STREET ADDRESS 23446 03.11	Ny 129	1.3 STREET ADDRESS		
	326//	1.4 CITY+ST+ZIP		
TITLE POPULATION NO. 10	□ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME ROBINSON, MA STREET ADDRESS 23446 U.S. HU	13.9	2.2 NAME 2.3 STREET ADDRESS		
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TITLE	☐ DELETE	3 1 TITLE		Change Addition
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STREET ADDRESS		5.3 STREET ADDRESS		11799
CHTY-ST-ZIP	ne c	5.4 CHY- ST- ZIP	<del>EAAAAA CACI</del>	354.01
TITLE	☐ DELETE	6 1 1IILE ·	6000025051 -04/29/9801059 ***150.00	Addition
NAME Street aduriss		6.2 NAME	***150.00	
WITHER MEDITURE		6 3 STREET ADDRESS		ľ

14. Thereby 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 amund report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation. The receiver is trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted from an accurate my name address.

SIGNATURE

D NAME OFFICER OR DIRECTOR Cate

CR2E034 (10/97