

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 09, 1999 8:00 am  
Secretary of State

09-09-1999 90004 009 \*\*\*\*61.25

DOCUMENT # N97000001397

Corporation Name

ROBERTS COMMUNITY DEVELOPMENT CORPORATIONS, INC.

Principal Place of Business

7921 N.W. 53RD STREET  
LAUDERHILL FL 33351

Mailing Address

7921 N.W. 53RD STREET  
LAUDERHILL FL 33351

613871-90004-9



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/13/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ROBERTS, JOSEPH L				<input type="checkbox"/>	
7921 N.W. 53RD STREET				\$8.75 Additional Fee Required	
LAUDERHILL FL 33351				6. Election Campaign Financing	
				<input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503; Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ROBERTS, JOSEPH L	1.2 NAME	
REET ADDRESS	7921 N.W. 53RD STREET	1.3 STREET ADDRESS	
Y-ST-ZIP	LAUDERHILL FL 33351	1.4 CITY-ST-ZIP	
LE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WHITEHURST, JARIS	2.2 NAME	
REET ADDRESS	1100 N.W. 4TH STREET	2.3 STREET ADDRESS	
Y-ST-ZIP	FORT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
LE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SCOTT, LASHON	3.2 NAME	
REET ADDRESS	2696 SOMERSET DRIVE #Z-312	3.3 STREET ADDRESS	
Y-ST-ZIP	LAUDERDALE LAKES FL 33311	3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)