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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000006160**1. Corporation Name

ROBCO COMPUTER SERVICES, INC.

Date also I Disease	- of Duninger	Mailing Address					
Principal Place	· ·	•	^				
1002 LAND O'L		1002 LAND 'O LAKES BLV	U	•			
LUTZ FL 33549	l .	LUTZ FL 33549			DO NOT WRITE IN THIS	SPACE	
US		U\$				JI AOL	
					3. Date Incorporated or Qualifed		
					01/01/1993		
a Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
2. Fillicipal I	lace of Edulinoon				59-3156737	N	ot Applicable
21	<u> </u>	26					Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		equired.
22		27					
City & State	e	City & State			6. Election Campaign Financing		May Be
ລ ໌	•	28			Trust Fund Contribution	Added	to Fees
7:0	Country	Zip	Country	/	8. This corporation owes the current year Inta	naible	
Zip						X Yes	□No
24	25	29	30		I ciscilar roporty rox:		
	9. Name and Address of Curren			1	10. Name and Address of New Registered A	Acur	
			81	Name			
MOF TO H	INSON, LEONARD H.	•	-	Ctroot Add	ress (P.O. Box Number is Not Acceptable)	<u>-</u> :	
301	E. MERIDIAN AVE., SUITE 314	.s	82	Street Addi	ress (P.O. Box Number is Not Acceptable)	F	
	E CITY FL 33525		83	 		3 / S / the	1 all tar 191
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			84	City		85 Zip	Code
		44.5	1 -	,	FL		
44 Possesses	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	es, the abov	e-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing it	s registered
office or agent. I a	registered agent, or both, in the State of amiliar with, and accept the obligat	of Florida. Such change was a tions of, Section 607:0505, Flo	uthorized by rida Statute	the corporation.	on's board of directors. I hereby accept the appoin	itment as r	egistered
SIGNATURE	. •						
SIGNATORE	Signature, typed or printed name of registered agen	t and title if englicable (NOTE	· Registered And	ot signature require	ed when reinstating) DATE		31
	Signature, typed or printed mains or registeres again	it and the it applicable.	. registorou rige	in agriculture respons			
12.		D DIRECTORS	13.	and any section of the section of th	ADDITIONS/CHANGES TO OFFICERS AN		
12.	OFFICERS AN					D DIRECT	
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90028 017 ***150.00