

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

• PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000010759 (7)**

1. Corporation Name

~~K-SYSTEMS INTERNATIONAL CORPORATION~~  
~~ROBT ENTERPRISES INC.~~  
**K-SYSTEMS INTERNATIONAL CORPORATION**



Principal Place of Business

Mailing Address

6202 W. LINEBAUGH AVE.  
TAMPA FL 33625

6202 W. LINEBAUGH AVE.  
TAMPA FL 33625

3. Date Incorporated or Qualified  
**02/04/1993**

3a. Date of Last Report  
**08/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **10112 N 10th ST**

26 **10112 N 10th ST**

4. FEI Number  
**59-3157077**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

**TAMPA FL**

28 City & State

**TAMPA FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip

**33612**

25 Country

**USA**

29 Zip

**33612**

30 Country

**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROSSMAN, RICHARD E**  
**6202 W. LINEBAUGH AVE.**  
**TAMPA FL 33625**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or director) apply 234

(Print) Registered Agent signature required when reinstating

**3/22/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLBRITTON, JAMES T	
STREET ADDRESS	6202 W. LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KISER, MARK	
STREET ADDRESS	2565 BLACKBURN ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BACHERT, CORRINE	
STREET ADDRESS	2565 BLACKBURN STREET	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELIGMAN, SCOTT	
STREET ADDRESS	2565 BLACKBURN ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STEVEN J. POTTER	
13 STREET ADDRESS	10112 N. 10th ST	
14 CITY-ST-ZIP	TAMPA, FL 33612	
21 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MARY P. JONES	
23 STREET ADDRESS	7207 N. HUNTLEY AVE	
24 CITY-ST-ZIP	TAMPA FL 33604	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**200001917832**  
**-08/09/96--01038--013**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

**Steven J. Potter**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-96**  
Date

**813 238 7705**

**813 971 1768**  
Date

**(cc, 6/9/96**

CR2E034 (12/95)