

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000058643 (6)

1. Corporation Name

ROBERT FUNDING CORPORATION



Principal Place of Business 7840 SOUTHGATE BLVD NORTH LAUDERDALE FL 33068 US	Mailing Address 7840 SOUTHGATE BLVD NORTH LAUDERDALE FL 33068-1390 US
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3. Date Incorporated or Qualified 08/20/1993	3a. Date of Last Report 02/05/1996
4. FEI Number 65-0433491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 100 CHARLES LINDBERGH BLVD 27 Suite, Apt. #, etc. 28 City & State 29 11553-3631 30 USA
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9. Name and Address of Current Registered Agent GOLDFARB, HOWARD 6521 W. COMMERCIAL BLVD. TAMARAC FL 33319	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFARB, HOWARD	1.2 NAME	
STREET ADDRESS	7840 SOUTHGATE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, WILLIAM	2.2 NAME	
STREET ADDRESS	7840 SOUTHGATE BLVD	2.3 STREET ADDRESS	1101 HARBOR ROAD
CITY-ST-ZIP	NORTH LAUDERDALE FL	2.4 CITY-ST-ZIP	HEWLETT HARBOR, NY 11557
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACH, ROBERT M	3.2 NAME	
STREET ADDRESS	7840 SOUTHGATE BLVD	3.3 STREET ADDRESS	219 FEELS LANE
CITY-ST-ZIP	NORTH LAUDERDALE FL	3.4 CITY-ST-ZIP	MILL NECK, NY 11765
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZAMOODEEN, PHILBERT	4.2 NAME	
STREET ADDRESS	7840 SOUTHGATE BLVD	4.3 STREET ADDRESS	38 ROOSEVELT AVENUE
CITY-ST-ZIP	NORTH LAUDERDALE FL	4.4 CITY-ST-ZIP	EAST ROCKAWAY, NY 11518
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, STEVEN M	5.2 NAME	
STREET ADDRESS	6521 W. COMMERCIAL BLVD.	5.3 STREET ADDRESS	LISA DRILLICH
CITY-ST-ZIP	TAMARAC FL 33319	5.4 CITY-ST-ZIP	1591 HEREFORD ROAD
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 its 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 attachment with an address _____

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(56) 214-5000

Date

Daytime Phone #

0163197

CR2E034 (9/96)