

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90023 044 ***150.00

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DOCUMENT # P93000058643

1. Corporation Name

ROBERT FUNDING CORPORATION

Principal Place of Business
7640 SOUTHGATE BLVD
NORTH LAUDERDALE FL 33068
US

Mailing Address
PPP STEWART AVE
BETHPAGE NY 11714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1993

4. FEI Number

65-0433491

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 999 STEWART AVENUE
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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)
2140 OAKLAND HILLS WAY

83 CORAL SPRINGS, FL 33071

84 City
CORAL SPRINGS

FL 85 Zip Code
33071

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WALLACH, WILLIAM
STREET ADDRESS 7640 SOUTHGATE BLVD
CITY-ST-ZIP NORTH LAUDERDALE FL

TITLE DV ☐ DELETE

NAME WALLACH, ROBERT M
STREET ADDRESS 219 FEEKS LN
CITY-ST-ZIP MILL NECK NY

TITLE DT ☐ DELETE

NAME NAZAMOODEEN, PHILBERT
STREET ADDRESS 38 ROOSEVELT AVE
CITY-ST-ZIP E ROCKAWAY NY

TITLE AS ☐ DELETE

NAME DRILLICH, LISA
STREET ADDRESS 191 HERFORD RD
CITY-ST-ZIP HEWLETT NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DP ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME JACKSON, JASPER JOHN
5.3 STREET ADDRESS 134 CHESTNUT STREET
5.4 CITY-ST-ZIP MONTCLAIR, NJ 07042

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99

(516) 576-3400

CR2E034 (11/98)