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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060164 (9)

ROB'S PLACE, INC.

CITY-ST-ZIP

Mailing Address Principal Place of Business 7 EAST WALL ST. FROSTPROOF FL 33843 FROSTPROOF FL 33843-2126 3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1993 08/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3199236 21 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name KEVAS, ROBERT J. 1198 HARRELL AVENUE Street Address (P.O. Box Number is Not Acceptable) FROSTPROOF FL 33843 83 84 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, typing or printed name of registered agent and tala if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 31111.5 1.1 TOLE KEVAS, MARLEEN C 1.2 NAME 1198 HARRELL AVE 1.3 STREET ADDRESS STREET ADDRESS. FROSTPROOF FL 33843 1.4 CITY-ST-ZIP 0/1Y - 5% - 7/P DELETE 21 TITLE Change Addition TITLE KEVAS, ROBERT J. NAME 2.2 NAME 1198 HARRELL AVENUE 2.3 STREET ADDRESS STREET ADDRESS FROSTPROOF FL 2. 4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 31 TITLE une HAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY S1-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City - S1 - ZIP DELETE Change Addition 5.1 TITLE 1011.6 NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST ZIE 5.4 CITY - ST - ZIP DELETE Addition THEFT 6.1 TITLE NAM 62 NAME 63 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. If 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Apr 28 1997 8:00am Secretary of State

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