PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300062051

1. Corporation Name

ESPECIALLYX POR YOU, XNO.

LMJ ROBBINS, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90012 020 ***150.00



Name	ne changed: December 4, 1998						
Principal Place of Business Mailing Address					# 108(108(110 18(00 1())) #81(1 88()) #81())# #[#)#\$! ##!#!	aliği kiği izər
28/5:AKBASI 38	AYXORIVE 2138 Grove Place	ce zkasa zastabak 2004 sa	AME				
xmcorkxxxxxxcClearwater, FL MARGARXXX					DO NOT WRITE IN THIS SPACE		
US 33764 US					3. Date Incorporated or Qualifed		
					09/01/1993		l
2 Principal P	nce of Pusiness	2a. Mailing Address			4. FEI Number	- An	plied For
					59-3199876		t Applicable
21 2138 Grove Place 26 2138 Grove Place Suite, Apt. #, etc. Suite, Apt. #, etc.					_	\$8.75 A	
¬,					5. Certificate of Status Desired	Fee Re	quired
22					6. Election Campaign Financing	\$5.00	May Be
•	Clearwater, FL 33764 28 Clearwater, FL 3			4	Trust Fund Contribution	Added to	· ·
Zip	Country Zip Cour				8. This corporation owes the current year	Intangible	
24 33764	4 25 US 29 33764 30 U				Personal Property Tax.	Yes	□No
33.70	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	
			81	Name	Y JANE ROBEINS		
WENDEL, RONALD G				Street Addi	ress (P.O. Box Number is Not Acceptable)		
2655 MCCORMICK DRIVE			82		38 Grove Place		
CLEARWATER FL 34618			83				
			84	City		. 85 Zip C	Code
				Cle	earwater	L 337	64
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e above	named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as rec	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	Statutes.	ie corporati			,
SIGNATURE	Marilana	D.0.0			1-21	<u>-99 </u>	
	Signature, typed or printed pame of registered agent			signature require	ad when reinstating) DATE		DC IN 42
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DO	"	1.1 TITLE 1.2 NAME		Same		
NAME	ROBBINS, MARY J	■			2138 Grove Pl		-
STREET ADDRESS	E TOTAL STATE OF THE STATE OF T		1.3 STREET A		Clearwater 71. 33764	4	j
CITY-ST-ZIP	LARGO-FL			ZIP	Secretary	Change	K Addition
TITLE			2.1 TITLE		Larry C. Robbins		
NAME		2.2 N		, noncec	2138 Grove Street Pl		1
STREET ADDRESS			2.3 STREET A	1	_Clearwater,_FL_33764		1
CITY-ST-ZIP			2. 4 CITY-ST 3.1 TITLE	-417		Change	Addition
TITLE		32 N				_ ,	-
NAME			3.3 STREET	ADDDECC			
STREET ADDRESS			3.4. CITY-ST				
CITY-ST-ZIP			4.1 TITLE	- 2,17		Change	☐ Addition
NAME		_	4. 2 NAME				_
			4 3 STREET	Anneess			i
STREET ADDRESS		i i	4.4 CITY-ST-				
CITY-ST-ZIP TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP		•	
TITLE			6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	Ì			
STREET ADDRESS		Ī,	6.3 STREET /	ADDRESS			
SILEE I MODKE 22							

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.