

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087427 (9)

1. Corporation Name

ROBCO VENDING, INC.



Principal Place of Business

Mailing Address

5100 N OCEAN BLVD
STE 1112
FT LAUDERDALE FL 33308
US

111 BRINY AVE.
SUITE 2214
POMPANO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21 11201 NW 4th Court

26 11201 NW 4th Court

Suite, Apt #, etc

Suite, Apt #, etc.

22 City & State

27 City & State

23 Plantation FL

28 Plantation FL

24 Zip

25 Country

29 Zip

30 Country

33325

USA

33325

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

08/07/1995

4. FEI Number

65-0455748

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☐ No ☒

PEARL, ROBIN A.
111 BRINY AVE.
SUITE 2214
POMPANO BCH. FL 33062

10. Name and Address of New Registered Agent

81 Name PEARL, ROBIN A

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

11201 NW 4th Court

83

84 City Plantation

FL

85 Zip Code

33325

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

President

(NOTE: Registered Agent signature required when reinstating)

Date

7/10/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS 111 BRINY AVE., SUITE 2214
CITY - ST - ZIP POMPANO BEACH FL 33062

TITLE ☒ DELETE

NAME STD
STREET ADDRESS 111 BRINY AVE., SUITE 2214
CITY - ST - ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 11201 NW 4th Court
14 CITY - ST - ZIP Plantation, FL 33325

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Pearl

7/10/96 (94) 452-3835

CR2E034 (3/96)