**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 0.00 **PROFIT** Jan 27 1998 8:00am FLORIDA DEPARTMENT CORPORATION Sandra B. Morti ANNUAL REPORT Secretary of Star Secretary of State DIVISION OF CORPOR TIONS 1998 DOCUMENT # P94000013104 (2) ROB ALAN, INC. Mailing Address Principal Place of Business P.O. BOX 592146 P.O. BOX 592140 ORIANDO EL 32859-2146 RLANDO FL 32959-2146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 625 MAIN STREET 625 MAIN STREET 59-3224559 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite \$5.00 May Be City & State 6. Election Campaign Financing Windermere, Fl Added to Fees Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible WY Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 COAPPETT garrett, Robert a 1125 MAPLOWE AVE. 82 Street Address (P.O. Box Number is Not ORLANDO FL 02000-83 dindermere 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 abbigations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change \_\_\_ Addition DPST DELETE 1.1 TITLE TITLE GARRETT, ROBERT GARRETT, BOBERT A 1.2 NAME 625 MAIN STREET NAME 1125 MARLOWE AVE. 1.3 STREET ADDRESS STREET ADDRESS 34786 WINDERMERE, FL BRLANDO FL 32809 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TILE NAME 2.3 SPREET ADDRESS STREET ADDRESS CITY-ST-ZIP IY-ST-ZIP Change Addition DELETE TITLE 3.11 NAME 3.2 N REET ADDRESS STREET ADDRESS 3.3 S CITY-ST-ZIP Y - ST - ZIP Addition Change DELETE 4.11 TITLE MF 4.21 NAME EET ADDRESS STREET ADDRESS - ST - 7(P CITY-ST-ZIP Change Addition DELETE TITLE 5.2 NAME FT ADDRESS STREET ADDRESS 5.3 CITY-ST-ZIP 5.4 - S1 - ZIP Change Addition DELETE 6.1 TITLE

Block 12 or Block 13 if changed, or on an attachment with an address.

ET ADDRESS

nption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

- S1 - ZIP

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute

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