

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000014373 (2)**

1. Corporation Name

ROB WEN ENTERPRISES, INC.



Principal Place of Business

**5639-5641 DEWEY STREET
HOLLYWOOD FL**

Mailing Address

**5639-5641 DEWEY STREET
HOLLYWOOD FL**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROSS, GREG
400 SE 8TH STREET
FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0467862

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. 193.032
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent or officer of the corporation.

Signature of Registered Agent signed in presence of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	HIGGINS, ROBERT	3251 SW 131 TERRACE	DAVE FL	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
3. TITLE	3. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-ST-ZIP	☐	☐
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-ST-ZIP	☐	☐
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-ST-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, unchanged, or on an attachment with an address.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(S)

Exempt from

CR2E034 (12/95)