

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000034536 (0)

1. Corporation Name

ROBERT ALVAREZ INC.



Principal Place of Business

1906 W. ENTRA PL
TAMPA FL 33544
US

Mailing Address

1906 W. ENTRA PLACE
TAMPA FL 33612

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3242322

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

10. Name and Address of New Registered Agent

ALVAREZ, ROBERT B
28043 SIDEWINDER LANE
ZEPHYRHILLS FL 33544

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. 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 the corporation

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEO

☐ DELETE

NAME

CHORRWASHI

STREET ADDRESS

1906 W. ENTRA PLACE
TAMPA FL

CITY-ST-ZIP

0

TITLE

HOWE, CHRIS

☐ DELETE

NAME

1906 W. ENTRA PL

STREET ADDRESS

TAMPA FL

CITY-ST-ZIP

0

TITLE

STARRETT, SHAWN

☒ DELETE

NAME

1906 W. ENTRA PL

STREET ADDRESS

TAMPA FL

CITY-ST-ZIP

0

TITLE

0

☐ DELETE

NAME

0

STREET ADDRESS

0

CITY-ST-ZIP

0

TITLE

0

☐ DELETE

NAME

0

STREET ADDRESS

0

CITY-ST-ZIP

0

TITLE

0

☐ DELETE

NAME

0

STREET ADDRESS

0

CITY-ST-ZIP

0

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

OFFICER

☐ Change

☒ Addition

1.2 NAME

DAN DENDLER

1.3 STREET ADDRESS

1906 W. ENTRA PL
TAMPA, FL 33612

1.4 CITY-ST-ZIP

TAMPA, FL 33612

2.1 TITLE

0

☐ Change

☐ Addition

2.2 NAME

0

2.3 STREET ADDRESS

0

2.4 CITY-ST-ZIP

0

3.1 TITLE

0

☐ Change

☐ Addition

3.2 NAME

0

3.3 STREET ADDRESS

0

3.4 CITY-ST-ZIP

0

4.1 TITLE

0

☐ Change

☐ Addition

4.2 NAME

0

4.3 STREET ADDRESS

0

4.4 CITY-ST-ZIP

0

5.1 TITLE

0

☐ Change

☐ Addition

5.2 NAME

0

5.3 STREET ADDRESS

0

5.4 CITY-ST-ZIP

0

6.1 TITLE

0

☐ Change

☐ Addition

6.2 NAME

0

6.3 STREET ADDRESS

0

6.4 CITY-ST-ZIP

0

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

4/29/96

813 973 1087

Date

Daytime Phone #

CR2E034 (12/95)