FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039177 (8)

ROBERT AND MARTINA'S SERVICES, INC.

May 09 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address			T DOG! FOR THE LOUIS BASIN BRINE			
BOSHO NE 15TH CT. BAY 119 BOS N. 32ND AVE.						
NORTH MIAMI FL 33179		NORTH MIAMI FL 33021-6123 US				
				3. Date Incorporated or Qualified 05/25/1994	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address	- AB	4. FEI Number	Applied For	
21 SAME		26 (SAMB) 803 N72 PAVE		₹ 65-0495048	Not Applicable	
Sulte, Apt.		27 Suite, Apt. #, cic.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 HOLLY WOOD	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	70	Country	8. This corporation has liability for it	· • • • • • • • • • • • • • • • • • • •	
24	25 9. Name and Address of Current		o RESW	Florida Statutes 10. Name and Address of New Reg	Yes No	
DAD	ANOWSKI, ROBERT	Hegistered Agent	B1 Name	f Name and Adoress of New Reg	Jistered Agent	
	IO NE 15TH COURT; BAY 119		<u> </u>	NA		
NORTH MIAMI FL 33179			82 Stroot Ad	Street Address (P.O. Box Number is Not Acceptable)		
83			83			
* · · · · · · · · · · · · · · · · · · ·			84 City		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Soctions 607.050/ egistered agent, or both, in the State im familiar with, and accept the obliga	Pand 607.1508, Florida Statutes of Florida. Such change was au tions of, Section 607.0505, Flori	i, the above-named or thorized by the corpo da Statules.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age:	Lend line if and cable (NOTE:	Registered Agent signature re	Quitad when re-ustating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	ס	DELETE	1.1 TITLE		Change Addition	
NAME	BARANOWSKI, ROBERT		1.2 NAME	4(^		
STREET ADDRESS	803 NORTH 32 AVE.		13 STREET ADDRESS	NA		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 C/TY - ST - ZIP			
TITLE	BARANOWSKI, MARTINA	☐ DELETE	2.1 TITLE	ſ	Change L Addition	
NAME	803 NORTH 32 AVE.		2 2 NAVE	a/la		
STREET ADDRESS	HOLLYWOOD FL 33021		2.3 STREET ADDRESS	" ["		
CITY-ST-ZIP	TIOLETWOOD TE GOOLT	DELETE	2. 4 CHY-ST-ZIP 3.1 THLE		Change Addition	
NAME	1	once	3.2 NAME	1	change	
STREET ADDRESS	MA		3.3 STHEET ADDRESS	NB		
CITY-ST-ZIP	l ' <i>f</i> '		3.4. CITY - ST - ZIP	T		
TITLE		DELFTE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		'	
STREET ADDRESS	(4.3 STREET ADDRESS	(•	
CITY-ST-ZIP			4.4 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-\$1-ZIP			
TITLE	/	☐ DELETE	G.1 TITLE	İ	Change Addition	
NAME	/		6.2 NAME	1		
STREET ADDRESS			6.3 STREET ADDRESS			

I do hereby certify that the information supplied with this filing 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 logal effect as if made under eath; 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.

CNATURE PHENDER AND PROPER ROLLING

-11/10 20 127/181