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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary & State P

DOCUMENT # P94000049403 (6)

ROBERT F. PLANE, INC. 2

**SIGNATURE:** 

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Principal Place	e of Business	Mailing A	ddress			( ODDSIDDDI LOU IDANS AIRNI DANII	BOSIL BAIN ABIN ASSI	Æ JÐIHI ÐIÐII ØÐI	<b>M</b> illi (MA)
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MIAMI FL 33183 MIAMI FL 33183						3. Date Incorporated or Qua		OF ACIL	
						06/28/1994	iiiilo G		
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Number		Ap	plied For
21		26	•			65-0507747		<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🗆	\$8.75	Additional
22		27				5. Certificate of Status Desir	eu 🗀	Fee Re	oquired
City & State	0	City 8	State			6. Election Campaign Finan		\$5.00	
23		28		0		Trust Fund Contribution		Added t	
Zip	Country	Zip	<u> </u>	Country		8. This corporation owes or			angible No
24	9. Name and Address o	29 29 Current Registered 4		30		Personal Property Tax du  10. Name and Address of N			1 NO
PM A	ANE, JR. R		-8	81	Name	19, ITALITY WING PROGRAM OF VI II	110%1010100		
	rne, jr. n 725 H SW 84TH STREET			82					
	MI FL 33183				Street A	ddress (P.O. Box Number is Not Ac	ceptable)		
] mu	MI FL 03 103			83					
1								1-1-2	
				84	City		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508	3, Florida Statule	s, the above	-named c	orporation submits this statement for	or the purpose of	changing its	s registered
office or re agent. I a	egistered agent, or both, in t im familiar with, and accept t	the State of Florida. Suc the obligations of, Sect	h change was at Jiri 607.0505, Floi	uthorized by rida Statutes	the corpo 3.	oration's board of directors. I hereby	accept the app	ointment as	registered
SIGNATURE	Tolar 1	120-11	·				4/4/	98	
SIGNATORE									
	Signature sped or printed name of reg		ble (NOTE	Registered Age	nt signature re	quired when reinstating)	FUATE		
12.	OFFIC	gistered agent and the if applical SERS AND DIRECTORS		13.	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO	FUATE	DIRECTOR	
12.	OFFIC <b>D</b>	ERS AND DIRECTORS	DELETE	13. 1.1 BILE	nt signature re	<u> </u>	FUATE		RS IN 12
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14. I 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 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, or on an attachment with an address.

4-18-88

386-1057