

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

FILED
Jan 28, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-28-1999 90046 024 ****150.00

DOCUMENT # **P94000050136**

1. Corporation Name
ROB FLORIDA INC.



Principal Place of Business: **9300 HARBOR TERRACE BAY HARBOR FL 33154**
 Mailing Address: **9300 HARBOR TERRACE BAY HARBOR FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/06/1994**

4. FEI Number: **65-0503030** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **ABITAN, ROBERT 9300 BAY HARBOR TERRACE BAY HARBOR FL 33154**

10. Name and Address of New Registered Agent: **81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL**

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 of 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPVS <input type="checkbox"/> DELETE	NAME: ABITAN, ROBERT	1.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 9300 HARBOR TERRACE	CITY-ST-ZIP: BAY HARBOR FL 33154	1.2 NAME: _____	
TITLE: T <input type="checkbox"/> DELETE	NAME: ABITAN, ROBERT	1.3 STREET ADDRESS: _____	
STREET ADDRESS: 9300 HARBOR TERRACE	CITY-ST-ZIP: BAY HARBOR FL 33154	1.4 CITY-ST-ZIP: _____	
TITLE: VP <input type="checkbox"/> DELETE	NAME: ELIZABETH ABITAN LASRY	2.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5621 JELICOE ST.	CITY-ST-ZIP: COTE ST LUE MO H4W12-5	2.2 NAME: _____	
TITLE: S <input type="checkbox"/> DELETE	NAME: ABITAN, ALAIN	2.3 STREET ADDRESS: _____	
STREET ADDRESS: 5950 FREUD., APT 15	CITY-ST-ZIP: COTE ST LUE P 2UE H4W1T1	2.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	3.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	3.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	4.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	5.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	6.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME: _____	
TITLE: _____ <input type="checkbox"/> DELETE	NAME: _____	6.3 STREET ADDRESS: _____	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP: _____	

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, with all other like empowered.

SIGNATURE: **Robert Abitan** PRESIDENT **01-11-99** 305-867-9327
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)