

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 26 1998 8:00am
Secretary of State

DOCUMENT # P94000050787 (8)

1. Corporation Name
FENROB INC.



Principal Place of Business
4199 N. STATE RD. 7
LAUDERDALE LAKES FL 33319
US

Mailing Address
4998 N.W. 39TH STREET
LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1994	
21	26	4. FEI Number 65-0505820		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBINSON, COLIN 4998 N.W. 39TH STREET LAUDERDALE LAKES FL 33319				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. 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 resigning) DATE 4/28/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	11 TITLE		11 TITLE			
NAME	ROBINSON, COLIN	12 NAME		12 NAME			
STREET ADDRESS	4998 N.W. 39TH STREET	13 STREET ADDRESS		13 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	14 CITY-ST-ZIP		14 CITY-ST-ZIP			
TITLE	VTD	21 TITLE		21 TITLE			
NAME	ROBINSON, JENNIFER	22 NAME		22 NAME			
STREET ADDRESS	4998 N.W. 39TH STREET	23 STREET ADDRESS		23 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	24 CITY-ST-ZIP		24 CITY-ST-ZIP			
TITLE	BB	31 TITLE		31 TITLE			
NAME	WYNDELL, FENTON	32 NAME		32 NAME			
STREET ADDRESS	4998 N.W. 39TH STREET	33 STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	34 CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE		41 TITLE		41 TITLE			
NAME		42 NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE		51 TITLE		51 TITLE			
NAME		52 NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE		61 TITLE		61 TITLE			
NAME		62 NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		64 CITY-ST-ZIP		64 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 the statement with an address.

SIGNATURE DATE 5/18/98

CR2E034 (10/97)