FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058262 (4)**

1. Corporation Name

ROBEX ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~9101 W. HILLSBOROUGH AVE.~~ ~~BLDG. 1, #108~~ ~~TAMPA FL 33615~~	~~9101 W. HILLSBOROUGH AVE.~~ ~~BLDG. 1, #108~~ ~~TAMPA FL 33615~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report:
1. FEI Number: ~~P94000058262~~ 59-3255215 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2107 W. Busch Blv.	26 2107 W. Busch Blv.
22 Suite, Apt. #, etc. Suite #107	27 Suite, Apt. #, etc. Suite #107
23 City & State Tampa FL	28 City & State Tampa, FL
24 Zip 33618 25 Country	29 Zip 33618 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~KOURMAKAEV, ROBERT~~ ~~9101 W. HILLSBOROUGH AVE.~~ ~~BLDG. 1, #108~~ ~~TAMPA FL 33615~~	81 Name: KOURMAKAEV Robert 82 Street Address (P.O. Box Number is Not Acceptable): 5520 GUNN Hwy. 83: #1806 84 City: Tampa FL 85 Zip Code: 33624

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: X [signature] (Signature of, and printed name of, registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE *	D	11 TITLE	P ☒ Change ☐ Addition
NAME	KOURMAKAEV, ROBERT	12 NAME	KOURMAKAEV ROBERT
STREET ADDRESS	~~9101 W. HILLSBOROUGH AVE., BLDG. 1, #108~~	13 STREET ADDRESS	5520 GUNN Hwy. #1806
CITY ST ZIP	~~TAMPA FL 33615~~	14 CITY ST ZIP	Tampa FL, 33624
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR