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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400058262 (4)

ROBEX ENTERPRISES OF FLORIDA, INC.

(IODE)					PARA PRA 1111 RATE DINA 1111 AND
Principal Plac	e of Business	Mailing Address			BAIDA BÁIDH IBHA HBHO BHAID AIGH IODT
2701 W. BUSCH BLVD. Suite 107 Tampa Fl 33618		2701 W. BUSCH BLVD. SUITE 107 TAMPA FL 33618-4531			
US	·	US		 Date Incorporated or Qualified 08/02/1994 	3a. Date of Last Report 11/25/1996
3450	lace of Business Palenein Dr	28. Mailing Address 26 3450 PayLe Suite Apt. # etc.	WEIA Dr.	4. FEI Number 59-3255215	Applied For Not Applicable
Sulte, Apt.	•	27 1007		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 TA 11	PA +L	City & State 28 1 Ampa	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 336	18 25 Country A		30 USA		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Rep	gistered Agent
KOURMAKAEV ROBERT 81 Name K				Kourmakaeu Ro	bert
2701 W. BUSCH BLVD.			82 Stront A		1-1
SUIT	E 107		393	Harons (P.P. Boy Number is Not Actional SO PALLENCIA	^(e) /007
TAM	PA FL 33618		83 6	UTP 1007	
			84 City	-1	85 Zip_Code
			I A	MPA	FL 233618
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was at	uthorized by the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agen		Registered Agent signature re		DATE
12.	OFFICERS AND	····	13.	ADDITIONS/CHANGES TO DEFIC	
TITLE	DP CONTRACTOR DODGET	☐ DELETÉ	1.1 TITLE	DP Kourmakaeu Robers 3450 Paleneia Pr Tampa. FL 336	Change
NAME	KOURMAKARY ROBERT		1.2 NAME	Dales on Oc	1007
STREET ADDRESS	2701 W. BUSCH BLVD. #107		1.3 STREET ADDRESS	3450 1460014 21	10
CITY-ST-ZIP	TAMPA FL 33618	The series		1AM PH. FC 550	/8
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			23 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY - ST - ZIP		Change Addition
			3.1 TITLE		C1 Cuange C1 Modition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C/TY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		_ • •
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TiltE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF 710			CACITY CT 710		

14. 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 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 Hyphanged, or on an attachment with an address.