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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084664 (9)

ROBERT OLUGIEY, INC.

Principal Place of Business		
Principal Place of Business	Mailing Address	l l
2910 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426	2910 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426-9725	
		3. Date Incorpo

FILED Jan 23 1997 8:00am Secretary of State

Principal Place of Business 2910 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426			29	Mailing Address 2910 COMMERCE PARK DRIVE BOYNTON BEACH FL 33426-8725											
											3. Date Incorporated or 0 11/21/1994	ualified		Date of Last R 5/01/1996	eport
2, Principal F	lace of Busin	ness	***	28.	Mailing A	Address					4, FEI Number				plied For
21				26	0.0.4	h II -4-					65-0541279				t Applicable
Suite, Apt	#, etc.			-	Suite, Ap	ot. #, etc.					5. Certificate of Status De	sired		\$8.75 / Fee Re	
City & Stal	le.			27	City & St	ate					6. Election Campaign Fin	ancina		\$5.00	
23	. •			28	,						Trust Fund Contribution	_		Added 1	
Zip		(Country	1	Ζφ			Country			8. This corporation has list		ntangibl	e tax under s	199.032,
24		25		29			30				Florida Statutes) Yes		
		and	Address of Current	Regis	stered Age	ent		-			10. Name and Address o	New Re	pisterec	l Agent	
	ONK IRA,		_					81	Name						
1030 LAKE AVENUE						82	Street A	ddres	s (P.O. Box Number is Not	Acceptab	le)				
	ITE C	EL 0	0.400					83							
	KE WORTH	rl 3	3400												
								84	City				FI	85 Zip (Code
t office or	registered ag am familiar w	gent, o ith, a	of Sections 607,0502 or both, in the State of ad accept the obligated agentication of registered agen	ol Flori Lians d	ida. Such d if, Section	change was 607.0505, Fi	authori Iorida S	ized by Statutes	the corpo	oration	ation submits this statemen n's board of directors. I here when reinstating)	t for the p oby accep	urpose of the ap	of changing it pointment as	s registered registered
12.	to grand to the		OFFICERS AND			V		3.			ADDITIONS/CHANGES	TO OFFIC	ERS AN	ID DIRECTOR	S IN 12
TITLE	DPT				L	DELETE	1.	1 TITLE						Change	Addition
NAME	QUIGLE						; 1.	2 NAME							
STREET ADDRESS			RCE PARK DR				1.	.3 STREET	ADDRESS						
CITY-ST-ZIP	1	JN BI	ACH FL 33426			7	_	4 CITY - S	T-ZIP					[] 65	14480
TITLE	DVS	V EA	VE		L	DELETE		1 TITLE						Change	Addition
NAME	QUIGLE'		RCE PARK DR					2 NAME			• .				
STREET ADDRESS	1		EACH FL 33428						ADDRESS						
CITY - ST - ZIF	DOTATE	л о	ACH 1 L 33420		т	DELETE		. 4 CITY-:	ST-ZIP					Change	Addition
NAME					_			2 NAME							
STREET ADDRESS							1		ADDRESS						
CITY-ST-ZIP							- 1	4. CITY-:							
TITLE	 					DELETE	_	.1 TITLE						Change	Addition
NAME								. 2 NAME							
STREET ADDRESS							4	.3 STREET	ADDRESS						
CITY-SI-ZIP							4	.4 CITY - S	T-ZIP						
THUE						DELETE	5	.1 TITLE					-/	☐ Change	Addition
NAME							5	.2 NAME	1						
STREET ADDRESS							5	.3 STREE1	ADDRESS						

6 4 CITY-ST-ZIP 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 if changed, or on an attachmer

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

Addition

Change