

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000001252 (2)

1. Corporation Name

ROBOW LEASING, INC.

Principal Place of Business

412 EAST MADISON ST.  
SUITE 800  
TAMPA FL 33602

Mailing Address

412 EAST MADISON ST.  
SUITE 800  
TAMPA FL 33602



3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

4. FEI Number

59-3323867

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

ROSENKRANZ, JACK  
412 EAST MADISON ST. #900  
TAMPA FL 33602

TITLE NAME ☐ DELETE

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TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☒ Addition

STV  
Paul H. Bowen  
412 E. Madison St., #900  
Tampa, FL 33602

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☒ Addition

D  
Paul H. Bowen  
412 E. Madison St., #900  
Tampa, FL 33602

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP ☐ Change ☐ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP ☐ Change ☐ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY - ST - ZIP ☐ Change ☐ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY - ST - ZIP ☐ Change ☐ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP ☐ Change ☐ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP ☐ Change ☐ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP ☐ Change ☐ Addition

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP ☐ Change ☐ Addition

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP ☐ Change ☐ Addition

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP ☐ Change ☐ Addition

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY - ST - ZIP ☐ Change ☐ Addition

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY - ST - ZIP ☐ Change ☐ Addition

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY - ST - ZIP ☐ Change ☐ Addition

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY - ST - ZIP ☐ Change ☐ Addition

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY - ST - ZIP ☐ Change ☐ Addition

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY - ST - ZIP ☐ Change ☐ Addition

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY - ST - ZIP ☐ Change ☐ Addition

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY - ST - ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96 (813) 223-4195

CR2E034 (3/96)