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 # P95000007695 (6)

ROBÇO ENTERPRISES, INC.

FILED Feb 11 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						()MELLOGO TIPO ADIDE DELLA DOCTA DO	I OLIT OPERA I D	NAME OF THE PARTY	MI Mill IAN
2501 S.E. 6TH POMPANO BEA		2501 S.E. 6TH ST. POMPANO BEACH FL 33062-6113							
						Date Incorporated or Qualified 01/25/1995		e of Last 1/1996	Report
· ·	lace of Business	2a. Mailing Address				4, FEI Number	***********	1	Applied For
21		26				65-0547620			Vot Applicable
Suite, Apt.	11	Suile, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	<u></u> ⊢¬	untry		8. This corporation has liability for it			s. 199.032,
24	25	29	30	Υ			Yes _		
	9, Name and Address of Currer	nt Hegistered Agent		81	Marso	10. Name and Address of New Reg	istered A	gent	
	GRONDELLE, GARY J			101	Name				
	S.E. 3RD ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
DEERFIELD BEACH FL 33441				83				·····	
				84	City			85 Zip	o Code
L				i	ĺ .	poration submits this statement for the prition's board of directors. I hereby accep	<u>FL</u>		
SIGNATURE	Sociaturi - typed or printed name of registered ag	INV. and title: 1 applicable (NO	DTE: Register		eni signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	DRS IN 12
TITLE	PSD	DELETE	1.1 1			110011011010110110110		Change	
NAME	BAER, RUTH E		1.2 N	MANE					
STREET ADDRESS	2501 S.E. 6TH ST.		1.3 5	TREET	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062	·····	1.4 (CITY-S	ST - ZIP				
TITLE	VD	☐ DELETE	2.11				!	Change	Addition
NAME	BAER, STEPHEN J 21415 PAGOSA CT.			IAME					
STREET ADDRESS	BOCA RATON FL 33486		1		ADDRESS				
CITY-ST-ZIP TITLE	BOOK WATON TE BOOK	DELETE	3.17		ST-ZIP			Change	Additio
NAME				NAME			,		- 1.00
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4.	CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 1	TITLE				Change	Addition
NAME			•	NAME		4			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		[Driete			ST-ZIP		 	Chassi	. Larania
TITLE		☐ DELETE		IITLE				Change	e 🔲 Addition
NAME CIDELL TODOCCO				AME	ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP TITLE		DELETE		IITLE	ST-ZIP			☐ Change	Addition
NAME		Special Property lies		NAME	1			ment + man Str	
STREET ADDRESS					ADDRESS				
CITY OF DIE					7710				

14. If 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 attachment with an address.