

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

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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000027038 (5)

1. Corporation Name  
ROBINSHORE MULTIFAMILY, INC.



Principal Place of Business 4121 NW 37TH PLACE SUITE A GAINESVILLE FL 32606	Mailing Address 4121 NW 37TH PLACE SUITE A GAINESVILLE FL 32606-6179
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3. Date Incorporated or Qualified 04/05/1995	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21. 5800 NW 39th Ave Suite, Apt. #, etc. Suite 101 City & State Gainesville, FL Zip 32606-5865 Country USA	2a. Mailing Address 26. 5800 NW 39th Ave Suite, Apt. #, etc. Suite 101 City & State Gainesville, FL Zip 32606-5865 Country USA
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4. FEI Number 59-3309729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBINSON, THOMAS A 4121 NW 37TH PLACE SUITE A GAINESVILLE FL 32606
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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
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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 agent 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD ROBINSON, THOMAS A 4121 NW 37TH PLACE SUITE A GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 5800 NW 39th Ave, STE 101 Gainesville, FL 32606-5865	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VTD SHORE, FREDRIC R 4121 NW 37TH PLACE SUITE A GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 5800 NW 39th Ave, STE 101 Gainesville, FL 32606-5865	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V GREER, JOHN W. III 4121 NW 37TH PLACE SUITE A GAINESVILLE FL	<input type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 5800 NW 39th Ave, STE 101 Gainesville, FL 32606-5865	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP V Bowers, Paul D. 5800 NW 39th Ave, STE 101 Gainesville, FL 32606-5865	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: THOMAS A. ROBINSON 352-371-1992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone  
0066774