

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000027225**
1. Corporation Name

ROBSAND, INC.

Principal Place of Business
5098 NW 37TH AVE
TAMARAC, FL. 33309

Mailing Address
9224 HELENA ROAD
PELHAM, AL. 35124

3. Date Incorporated or Qualified **04/06/95** 3a. Date of Last Report

4. FEI Number **65-0574376** 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 5098 NW 37TH AVE.

2a. Mailing Address
26 9224 HELENA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C

27

City & State
23 TAMARAC, FL.

City & State
28 PELHAM, AL.

Zip
24 33309

Country

Zip
29 35124

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT M. MILLER
5098 NW 37 AVENUE
TAMARAC, FL. 33309

81 Name
STEVEN PETROZELLA

82 Street Address (P.O. Box Number is Not Acceptable)

9605 NW 36 MANICA

83

84 City
CORAL SPRINGS

FL

85 Zip Code
33065

11. Pursuant to the provisions of Sections 607.007 and 607.008, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

6/18/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ROBERT M. MILLER
5098 NW 37TH AVE
TAMARAC, FL. 33309

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
9224 HELENA ROAD
PELHAM, AL. 35124

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
800001886438
-07/08/96--01059--009
***225.00

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
07-08-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **Robert M. Miller** Robert M. Miller Pres. 6/26/96 1-205-985-0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)