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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000084847**

1. Corporation Name
ROBYMAR CORP.



Principal Place of Business
**3630 S 51 ST ST
 TAMPA FL 33619
 US**

Mailing Address
**3630 S 51ST ST
 TAMPA FL 33619
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **1242 Ocean Reef Road**

2a **1242 Ocean Reef Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Wesley Chapel, FL**

27 **Wesley Chapel, FL**

24 **33543** 25 **Hillbourn**

29 **33543** 30 **Hillbourn**

4. FEI Number
65-0617518

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BADJA, ROBERTO C
 3630 S 51ST ST
 TAMPA FL 33619**

81 Name **ROBERTO COMIN**

82 Street Address (P.O. Box Number is Not Acceptable)
1242 Ocean Reef Road

83

84 City **Wesley Chapel**

FL

85 Zip Code **33543**

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 *Roberto Comin*
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-19-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD COMIN-BADIA, ROBERTO**
 STREET ADDRESS **3630 S 51ST ST**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE DELETE
 NAME **TD GONZALEZ, MARIELA**
 STREET ADDRESS **3630 S 51ST ST**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE DELETE
 NAME **D IZAGUIRRE, MARITZA**
 STREET ADDRESS **3630 S 51ST ST**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE DELETE
 NAME **D COMIN, GLORIA**
 STREET ADDRESS **3630 S 51ST ST**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE DELETE

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

TITLE DELETE

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

14. I 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, with all other like empowered.

SIGNATURE: *Roberto Comin* **ROBERTO COMIN - President 1-19-99 (RB) 907-1889**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)