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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087773 (4)

ROBERT FREDERICK, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T SABIONAL NIA IDIDA DIVEL DRINE DRINE DRINE DRINE DRINE INDIR 1889 (ARVI 1889) (ARVI 1889)		
1440 N FEDE FT LAUDERD	RAL HWY ALE FL 33316		1440 N FEDERAL HWY FT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/13/1995		
2. Principal P	lace of Business	2a. Mailing A	ddress		4. FEI Number Applied	1 For	
21		26			65-0627019 Not App	plicable	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.		5. Certificate of Status Desired S8.75 Addition Fee Require		
City & State	8	City & Sta	ale		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe		
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
24	25 29		30	Personal Property Tax due June 30. Yes		,	
		is of Current Registered Age	nl		10. Name and Address of New Registered Agent		
	IALLCORN, ROBERT			81 Name			
	40 N FEDERAL HWY		82		Address (P.O. Box Number is Not Acceptable)		
FT	LAUDERDALE FL 333	116					
				83			
				84 City	FL 85 Zip Code	;	
44 Durguant	to the provisions of Contin	one CO7 0503 and CO7 1500 E	lorido Statutos, the	ohous samed		viotoro d	
office or r agent. I a	egistered agent, or both, m familiar with, and acce	in the State of Florida, Such c ept the obligations of, Section 6	hange was authoriz 607.0505, Florida St	ed by the corp atules.	d corporation submits this statement for the purpose of changing its regregoration's board of directors. I hereby accept the appointment as regis	stered	
SIGNATURE					re required when reinstating) DATE		
12.		of registered agmit and title if applicable. FICERS AND DIRECTORS	(NOTE: Register		re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	<u> </u>			TITLE		Addition	
NAME	SMALLCORN, ROB			NAME			
STREET ADDRESS	1440 N FEDERAL I			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE F			CITY-ST-ZIP			
TITLE				TITLE	Change	Addition	
NAME			2.2	NAME			
STREET ADDRESS			23	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		1	
TITLE				TITLE	Change	Addition	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET ADDRESS			
CITY-ST-ZIP			3.4.	CITY-ST-ZIP			
TITLE		L		TITLE	☐ Change ☐	Addition	
NAME			4.2	NAME			
STREET ADDRESS			4.3	STREE1 ADDRESS		ļ	
CITY-SI-ZIP	_		4.4	CITY - ST - ZIP		_	
TITLE			DELETE 51	TITLE	☐ Change ☐	Addition	
NAME			5.2	NAME		1	
STREET ADDRESS			5.3	STREET ADDRESS		}	
CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>		
TITLE			DELETE 6.1	TITLE	Change	Addition	
NAME			6.2	NAME			
STREET ADDRESS	li de la companya de		6.3	STREET ADDRESS			
CITY-ST-ZIP			6.4	CITY-ST-ZIP			
dd barati		and the second second second second second	not munliful for the o		and in Continue 110 07(2)(i) Florida Ctatutan I further contituthet that the information		

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 of 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 an an attachment with an address.