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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000097275 (8)

1. Corporation Name
ROBERT ROBE, P.A.

Principal Place of Business
7730 BETA CIR
WEST PALM BEACH FL 33406

Mailing Address
7730 BETA CIR
WEST PALM BEACH FL 33406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3305 ORANGE Blossom CT. Suite, Apt. #, etc. 22 City & State 23 PALM BEACH GARDENS FL. Zip 24 33410 Country 25 USA		2a. Mailing Address 26 3305 ORANGE Blossom CT. Suite, Apt. #, etc. 27 City & State 28 PALM BEACH GARDENS, FL. Zip 29 33410 Country 30 USA		3. Date Incorporated or Qualified 12/20/1995 4. FEI Number 65-0620094 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FORT
13811 MCGREGOR BLVD
FORT MYERS FL 33919

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ROBERT ROBE P.A.
NAME	ROBERT ROBE P.A.	1.2 NAME	3305 ORANGE BLOSSOM CT
STREET ADDRESS	7730 BETA CIRCLE	1.3 STREET ADDRESS	PALM BEACH GARDENS, FL. 33410
CITY - ST - ZIP	WPB FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 supplemented 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:

4/15/98 561-670-8852

CR2E034 (10/97)