SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021723 (7)

ROBYN ELLE DESIGNS, INC.

6898 PARISIAN WAY LAKE WORTH FL 33467

FILED Jul 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6898 PARISIAN WAY LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1996 2. Principal Place of Business 21 6 CG VACS I AM Malling Address KACIS IAN 4. FEI Number Applied For 21 65-0657256 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be AKE WOLTH LAKE WOOTH 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent Ves. Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name Wallach, Edith L 6898 PARISIAN WAY 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD 1.1 TITLE Change Addition DELETE NAME WALLACH, EDITH 1.2 NAME 6898 PARISIAN WAY 1.3 STREET ADDRESS STREET ADORESS LAKE WORTH FL 33467 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 21 TiTi F DELETE Change WALLACH, I. ROBERT NAME 2.2 NAME 6898 PARISIAN WAY 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE DELETE Change ☐ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE __ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE Change DELETE | Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE 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 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.