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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS .

## DOCUMENT # P96000021723

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90010 008 \*\*\*150.00

ROBYN	ELLE DESIGNS, INC.							
Principal Plac	ce of Business	Mailing Address	-				48 41881 11911 18910 111	
6898 PARISIAN	'	6898 PARISIAN WAY						
LAKE WORTH FL 33467 LAKE WORTH FL 33467						1		
						DO NOT WRITE IN TH	IS SPACE	* * * .
						3. Date Incorporated or Qualifed 03/07/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Appli	ed For
21	•	26				65-0657256		Applicable
Suite, Apt: #, etc.		Suite, Apt. #, etc.	¬ · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 M	ay Be -	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	_	ıntry		8. This corporation owes the current year		
24	25	29	30	,		Personal Property Tax.		No.
	9. Name and Address of Current	Registered Agent		04		10. Name and Address of New Registere	d Agent	
1A/A!	LLACH, EDITH L	tor the first first and		81	Name			
689	8 PARISIAN WAY			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	er jankrug regerik se	: 54 HH (80).
, LAK	(E WORTH FL 33467			83			THE SECOND	
			·	84	City		85 Zip Co	de
ray tarmer			4 45	<u> </u>		oration submits this statement for the purpose	of changing its re	gictored
agent. I a	am familiar with, and accept the obligat : : Signature, typed or printed name of registered agent	•				d when reinstating)/ :		<u> </u>
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TI	TLE			☐ Change	Addition
NAME .	WALLACH, EDITH		1.2 N	AME				
STREET ADDRESS	1 .		1.3 \$	TREET	ADDRESS	•		•
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 C	TY-ST	-ZIP			
TITLE	VPD	☐ DELETE	2.1 TI	TLE			Change	☐ Addition
NAME	WALLACH, I. ROBERT		2.2 N	AME	•	•	* , ; *	
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467		2.40	πy-sτ	T- Z!P			
TITLE (1/3)	ALANDA BENEVICE AND	DELETE	3.1 ∏	TLE			☐ Change	☐ Addition
NAME		•	3.2 N	AME		•		
STREET ADDRESS	3 1 5-65-23 1 4 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		3.3 S	TREET	ADDRESS	新维。11.15年29月1日 1912年1日	Jerger Britan	4 (\$ <u>68</u>
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.4. C	ITY-ST	r-ZIP		Company	
TITLE		☐ DELETE	4.1 TI	TLE		题 [48] [1] 基本的 [1] [1] 新自己的证据	Change :	Addition
NAME			4. 2 N	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	•		4.4 C	ITY-ST	-ZIP		17	
TITLE					1			
	·	☐ DELETE		TLE	ļ		Change	Addition
NAME		☐ DELETE	5.1 II 5.2 N				Change	Addition
•	S	☐ DELETE	5.2 N	AME	ADORESS		Change	Addition
NAME	5		5.2 No 5.3 Si 5.4 Ci	AME TREET				
NAME STREET ADDRESS	80   100	☐ DELETE	5.2 No 5.3 S 5.4 Ci	AME TREET A TTY-ST- TLE			☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 No 5.3 S' 5.4 CI .6.1 TI 6.2 No	AME TREET A TTY-ST- TLE AME	- ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	80   100		5.2 No. 5.3 S 5.4 C 6.1 TI 6.2 No. 6.3 S	AME TREET A TTY-ST- TLE AME	ADDRESS			

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 impaddress, with all other like empowered.

**SIGNATURE**