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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031372 (1)

ROBERTS-MARTIN, INC.

FILED May 14 1997 8:00am Secretary of State

| Principal Place | e of Business | Mailir | Mailing Address | | | | F TERNION, NO INTROVINI BRILL |
|--|---|---------------------|---|------------|-----------|--------------|---|
| 1001 N US HWY ONE, SUITE 500 JUPITER FL 33477 | | | 1001 N US HWY ONE. SUITE 500 JUPITER FL 33477-4438 | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1996 |
| | lace of Business | 2a. N | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | H 010 | 26 | | | | | Not Applicable |
| Suite, Apt. | w, etc. | }···-1 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | 9 | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | \vdash | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country Z ₁ ; | | | Cc | ountry | , | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 | 29 | | 30 | | | Florida Statutes |
| | 9. Name and Address of Curre | nt Register | ed Agent | | | | 10. Name and Address of New Registered Agent |
| zoc | ZOCHOWSKI, T ROBERT | | | | | Name | |
| 1001 N US HWY ONE, SUITE 500 | | | | | 82 Street | | Address (P.O. Box Number is Not Acceptable) |
| JUP | ITER FL 33477 | | | | | | |
| , | | | | | 83 | | |
| | | | | | 84 | City | ₽ 85 Zip Code |
| 44 Divergent to the previous of Sections 607 0000 and 607 1500 Devide Statutes the | | | | | about | nomad | FL 65 7 th could be statement for the purpose of charging its controlled |
| 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 region 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 region | | | | | | | |
| agent. La | m familiar with, and accept the obli | gations of, S | Section 607.0505, FI | orida St | atutes | S. | |
| SIGNATURE | Signature, typed or printed hame of registered as | oent and tirle if a | policable (NO | I Register | ned Aoc | nt signature | rr required when reinstating) DATE |
| 12. | OFFICERS AF | | | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | | DELETE | 1.1 | 1/11/5 | T | ☐ Change ☐ Addition |
| NAME | ZOCHOWSKI, T ROBERT | | | 1,2 | NAME | | |
| STREET ADDRESS | 1001 N US HWY ONE, SUITE | 500 | 500 [1.3: | | | ADDRESS [| į į |
| CITY-ST-ZIP | JUPITER FL 33477 | | | 14 | CITY-S | T-7IP | |
| TITLE | ST | | ☐ DELETE | | TITLE | | ☐ Change ☐ Addition |
| NAME | ZOCHOWSKI, MARYANNE C | | | | NAME | | |
| STREET ADDRESS | 1001 N US HWY ONE, SUITE | 500 | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | JUPITER FL 33477 | | DELETE | | CITY-S | ST-ZIP | : Change Addition |
| NAME | | | peren | 1 | NAME | <u> </u> | En change En Addition |
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | CITY-S | | |
| TITLE | | | DELETE | | TILE | 31-21 | Change Addition |
| NAME | | | _ | | NAME | ļ | |
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | ı | CITY S | | |
| TITLE | | <u> </u> | DELETE | | TITLE | | Change Addition |
| NAME | | | | 5.2 | NAME | | |
| STREET ADDRESS | | | | 53 | STREET | ADDRESS | |
| CITY-ST-ZIP | | | | 5.4 | CITY-S | I-7P | |
| TITLE | | | DELETE | 6.1 | TITLE | | Change Addition |
| NAME | | | | 6.2 | NAMÉ | | |

14. I do 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 eath; 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.

6.3 STREET ADDRESS

CICNIATURE

STREET ADDRESS

CITY-ST-ZIP

Charles at 1 2 chank low the last och 240-1176