


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).

FILED
Aug 11 1998 8:00am
Secretary of State

| | | | | | |
|--|--|---|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000031372 (1) 1. Corporation Name ROBERTS-MARTIN, INC. | | | | | |
| Principal Place of Business 1001 N US HWY ONE, SUITE 500 JUPITER FL 33477 | | | Mailing Address 1001 N US HWY ONE, SUITE 500 JUPITER FL 33477 | | |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State | | 3. Date Incorporated or Qualified 04/05/1996 | |
| | | | | 4. FEI Number 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 | |
| | | | | 7. Has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent ZOCHOWSKI, T ROBERT 1001 N US HWY ONE, SUITE 500 JUPITER FL 33477 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | 85 Zip Code FL | |

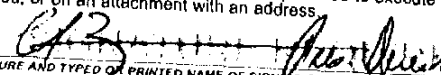
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | ZOCHOWSKI, T ROBERT | 1.2 NAME | |
| STREET ADDRESS | 1001 N US HWY ONE, SUITE 500 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL 33477 | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | ZOCHOWSKI, MARYANNE C | 2.2 NAME | |
| STREET ADDRESS | 1001 N US HWY ONE, SUITE 500 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL 33477 | 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 | |

000002615470
-08/13/98--01091--033
***150.00

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF _____

2

T. ROBERT ZOCHOWSKI
COUNSELLOR AT LAW

MEMBER D.C., N.J., N.Y. & FL. BAR

August 4, 1998

P. O. BOX 33
50 PRINCETON-HIGHTSTOWN ROAD
PRINCETON JUNCTION, N.J. 08550
609-799-2111

FAX 609-799-7563

HAAS BLDG., SUITE 500
1001 N. U.S. HIGHWAY ONE
JUPITER, FLORIDA 33477

561-744-1175

FAX 561-744-6333

PLEASE REPLY TO

Jupiter

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Reinstatement Section

**Re: Roberts-Martin, Inc.; Ref. No. P9600031372
Annual Report**

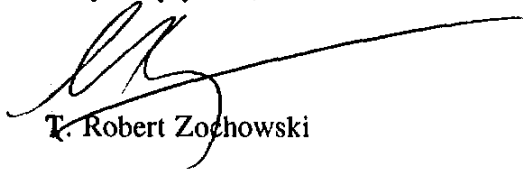
Dear Sir or Madam:

With regard to the captioned matter, I hereby again respectfully submit the Annual Report concerning the captioned corporation which was received "after" the required filing date. I have submitted this application previously and in accordance with my discussions with your office, I again request that the late fees be waived for the filing of the 1998 Annual Report.

Accordingly, I again submit the Annual Report with a check in the amount of \$150.00, in anticipation of your courtesy in allowing the waiver.

Thank you for your consideration.

Very truly yours,


T. Robert Zochowski

TRZ:sm

Enclosures