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 # **P96000036771**1. Corporation Name

ROBIN IN THE GROVE, INC.

Principal Place	of Business	Mailing Address					•
3414 MAIN HIGH	HWAY	3414 MAIN HIGHWAY					
COCONUT GRO		COCONUT GROVE FL 33133		DO NOT WRITE IN THIS SPACE			
-					3. Date Incorporated or Qualified	1110 01 7102	
					04/29/1996		
		T			4. FEI Number	1 1	pplied For
2. Principal Pl	lace of Business	2a. Mailing Address			65-0662465	· 	ot Applicable
21		26			0070002400		Additional
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	* • • • •	equired
22	<u> </u>	27			a Station Compaign Financing		May Be
City & State	e . ·	City & State			6. Election Campaign Financing Trust Fund Contribution		to Fees
23	0	Zip	Country		8. This corporation owes the current year		
Žip	Country	├ ─ '	30		Personal Property Tax.	a, intangible □Yes	□No
24	(3) (25) (- 1	-	10. Name and Address of New Registe	ered Agent	
	9. Name and Address of Current		81	Name	10. Italiio alia, italiio		
A701	ULAY, HENRY	· · · · · · · · · · · · · · · · · · ·					
3414	MAIN HIGHWAY		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	CONUT GROVE FL 33133		83	 	42.23	62.67	114 16 16
000	onor anote re some		00			A CONTRACTOR	
			84	City	The state of the s	E ■ 85 Zip	Code
معيرون بالمعرور	e salam e	V		<u> </u>		se of changing its	s registered
11. Pursuant	to the provisions of Sections 607.0502	l and 607.1508, Florida Statutes If Florida 'Such change was aut	s, the abov thorized by	the corpor	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	S.		i a ,	
SIGNATURE					urited when reinstation) DA	TE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Agent signature required when		falled when following		
	4.550550 41/5	DIDEATABLE	4.2		ADDITIONS/CHANGES TO DEFICER	IS AND DIRECTO	ORSIN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
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TITLE NAME	D AZOULAY, HENRY		1.1 TITLE 1.2 NAME	TADDOFFEE	ADDITIONS/CHANGES TO OFFICER		
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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 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 of the corporation of the corpora

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90054 035 ***150.00