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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600071199 (9)

THE ROBROY GROUP, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							( <b>             </b>	OTO HATTA OUIL ERENT ORI	II BENT ENW ISI	<b>9</b> )	
16071 WEST BEY DRIVE UNIT 166 16071 WEST BEY DRIVE U JUPITER FL 33477 JUPITER FL 33477											
4011161116	~~.,	JUFILEN FL 334	JUPILEN FL 334//				DO NOT WRITE IN THIS SPACE				
							3. Date Incor	porated or Qualifie	ed		
							08/27/1	996			
	lace of Business	2a. Mailing Add	2a. Mailing Address				4. FEI Number	er		A	oplied For
21	4	26					65 <del>-</del> 072	28318			ot Applicable
Suite, Apt.	#, etc.		Suite, Apt #, etc.				5. Certificate	of Status Desired			Additional
City & State	Α		City & State								equired
23		harman i	28			-		ampaign Financing	· 🗆		May Be
Zip	Country	<del>_                                    </del>	Zip Country					Contribution		****	to Fees
24	25 29 30					i		ration owes or has roperty Tax due Ji			tangibie ☐ No
	9. Name and Address of Curre	nt Registered Agent						Address of New			
TAS	SSELL, DAVID C			81	Na	me					
	N A1A		82 Street A			aat Addrace	(P.O. Boy Nu	mber is Not Accep	stable)		
	ITE D-101		<b>62</b> 500			eet Address	5 (1 .O. DOX 140	urber is Not Accel	nable)		
	PITER FL 33477			83					******		
				84	Cit					11	~
				1					FL	1 1 '	Code
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig	02 and 607.1508, Flori	da Statutes, the	above	-nan	ned corpora	tion submits th	nis statement for th	e purpose o	f changing it	ts registered
agent. I ar	m familiar with, and accept the obliq	ations of, Section 607	.0505, Florida St	tatules	ne S.	corporation	s board or dire	ectors. I nereby ac	cept the app	cointment as	registered
SIGNATURE											
	Signature, typed or printed name of regedered as	······································			ni sign	ature required w			DATE		
TITLE	DPS OFFICERS AF	ID DIRECTORS	13	TITLE		-	ADDITIONS	CHANGES TO OF	FICERS AND		RS IN 12 Addition
NAME	IVES. FRED			NAME						Change	Abdillon
STREET ADDRESS	16071 WEST BEY DRIVE UN	IT 100			4 D.O.O.F						
CITY-ST-ZIP	JUPITER FL	11 100		STREET :		333					1
TITLE	JOHN CHIL	□ DE	DELETE 2.1 TITE		1-ZIP	<del></del>	<del></del>		•	Change	Addition
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TITLE		□ ÖE	LETE 5.1	TITLE						Change	Addition
NAME			5.2	NAME							
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TITLE		☐ DE	LETE 6.1	TITLE	_					Change	Addition
NAME			6.2	NAME							
STREET ADDRESS			6.3	STREET	ADDRE	SS					. 1
CITY-ST-ZIP	antif that the infance in the limit		6.4	CITY-ST	T-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.

SIGNATURE

die

and W. Lucy B

3/12/00

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