

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 # P96000104093

1. Corporation Name

ROBERT OF MIAMI, INC.

FILED
99 SEP 23 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1 Aston Circle 1 Aston Circle
Ormond Beach, FL 32174 Ormond Beach, FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 167 Pine Woods Road	26 167 Pine Woods Road	59-3425081	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Ormond Beach, FL	28 Ormond Beach, FL		
Zip 32174 Country USA	Zip 32174 Country USA		
24	29	30	

9. Name and Address of Current Registered Agent

Robert Wilkins
1 Aston Circle
Ormond Beach, FL 32174

10. Name and Address of New Registered Agent

81 Name Robert Wilkins
82 Street Address (P.O. Box Number is Not Acceptable)
167 Pine Woods Road
83
84 City Ormond Beach FL 85 Zip Code 32174

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

Robert Wilkins

(NOTE: Registered Agent signature required when reinstating)

9/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Robert Wilkins <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Wilkins	1.2 NAME	
STREET ADDRESS	1 Aston Circle	1.3 STREET ADDRESS	167 Pine Woods Road
CITY-ST-ZIP	Ormond Beach, FL 32174	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	2000029993992 <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	-09/28/99--01047--013
STREET ADDRESS		3.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

Robert Wilkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/99 673.8632

Robert of Miami, Inc.
167 Pine Woods Road
Ormond Beach, FL 32174

September 21, 1999

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Robert of Miami, Inc.
Charter # P96000104093

Dear Sir/Madam:

Enclosed is the 1999 Annual Corporate Report for Robert of Miami, Inc. As you will notice, our address has changed. Unfortunately, we moved prior to the end of 1998 and did not receive the annual corporate report package in the mail. We did not realize we had failed to file a report until our accountant processed our bookkeeping for January - June in August. At that time, she noticed that she did not see a check written for the \$150.00 and questioned us about it. To be totally honest with you, we did not have a clue that this was due. In the past we always gave the form to our accountant who would give it back to us with instructions as to what to do. Since we did not get the form, we never realized that we had to file.

We are enclosing the Annual Report for 1999 with a check for \$150.00 and are asking that you please accept this as being filed timely. We would greatly appreciate it if you waive the \$400.00 penalty. We realize we made a mistake; however, our business is struggling right now and a \$400.00 penalty for something we did unintentionally would really hurt. We now know that the report has to be filed once a year and will make sure we file it before May 1st of each year.

We appreciate your consideration into this matter. If you have any questions concerning this, please call Robert or Tina Wilkins at (904) 673-8632. Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert H. Wilkins". The signature is fluid and cursive, with a stylized "H" and a long horizontal stroke at the end.

Robert Wilkins
President