## 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 # P9700005944 (8)

FILED Feb 13 1998 8:00am Secretary of State

| ROBW  | I'N SALES, INC.   | •                    | -,   |   | H                                   |
|---|---|----------------------|--|---|-------------------------------------|
| Principal Place   | o of Business   | Mailing Address      |  |   | 'U BOLEK BIGIO 1914 BEDIU BUDI EDDI |
| 2801 UNIVERSITY DRIVE STE 205 2801 UNIVERSITY DRIV<br>CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3 |   |                      |  | DO NOT WRITE IN TH                                | IIS SPACE                           |
|   |   |                      |  | 3. Date Incorporated or Qualified                 | 007102                              |
|   |   |                      |  | 01/15/1997  |                                     |
| 2. Principal Pia  | ace of Business   | 2a, Mailing Address  |  | 4. FEI Number                                     | Applied For                         |
| 21  |   | 26                   |  | 65-0791595  | Not Applicable                      |
| Suite, Apt. 4   | #, otc  | Suite, Apt #, etc.   |  | 5. Certificate of Status Desired                  | \$8.75 Additional<br>Fee Regulred   |
| City & State  | <del></del>   | City & State         |  | 6. Election Campaign Financing                    | \$5.00 May Be                       |
| 23  |   | 28                   |  | Trust Fund Contribution                           | Added to Fees                       |
| Zip   | Country   | <b>7</b> (0)         | Country  | 8. This corporation owes or has paid the          |                                     |
| 24  | 25  | 29                   | 30   | Personal Property Tax due June 30.                | Yes X No                            |
|   | 9, Name and Address of Curre  | ent Registered Agent | 81 Name  | 10. Name and Address of New Register              | a Agent                             |
|   | CHWARTZ, JAY A  | \ <b>P</b>           | J. Name  |   |                                     |
|   | 301 UNIVERSITY DRIVE STE 20   | ,s                   | 82 Street Add  | lress (P.O. Box Number is Not Acceptable)         |                                     |
| U   | DRAL SPRINGS FL 33065   |                      | 83   |   |                                     |
|   |   |                      |  |   |                                     |
|   |   |                      | 84 City  |   | 85 Zip Code                         |
| SIGNATURE   | rgistered agont, or exitit, in me sam<br>in familiar with, and accept the obli- |                      | Florida Statutes.  OTE Registered Agent signature requ | ition's board of directors. I hereby accept the a |                                     |
| 12.   |   | ND DIRECTORS         | 13.  | ADDITIONS/CHANGES TO OFFICERS A                   | ND DIRECTORS IN 12                  |
| TITLE   | PĎ  | DELETE               | 1.1 TOLE   |   | Change Addition                     |
| NAME  | WINTER, ROBERT  |                      | 1.2 NAME   |   |                                     |
| STREET ADDRESS 2801 UNIVERSITY DRIVE STE 205  |   | 1.3 STREET ADDRESS   |  |   |                                     |
| CITY-ST-ZIP   | CORAL SPRINGS FL 3306   |                      | 1.4 CITY - ST - ZIP                                    |   |                                     |
| TITLE   |   | DELETE               | 2.1 TITLE  |   | Change Addition                     |
| NAME  |   |                      | 2.2 NAME   | ,   |                                     |
| STREET ADDRESS  |   |                      | 2.3 STREET ADDRESS                                     |   |                                     |
| CITY-ST-ZIP   |   | DELETE               | 2 4 CITY-ST-ZIP  |   | Change Addition                     |
| TITLE   |   | C) MILLIE            | 3 1 TITLE  |   | C CHANGE T MODERN                   |
| NAME<br>CIPTET ADDRESS  |   |                      | 3.2 NAME   |   |                                     |
| STREET ADDRESS  |   |                      | 3.3 STREET ADDRESS                                     |   |                                     |
| CITY-ST-ZIP<br>TITLE  |   | DELETE               | 3.4. C(TY+ST-Z(P<br>4.1 T(TLE                          |   | Change Addition                     |
| NAME  |   |                      | 4. 2 NAME  |   |                                     |
| STREET ADDRESS  |   |                      | 4.3 STREET ADDRESS                                     |   |                                     |
| CITY-ST-ZIP   |   |                      | 4.4 CITY-ST-ZIP  |   |                                     |
| TITLE   | <del></del>   | DELFTE               | 51 TITLE   |   | Change Addition                     |
| NAME  |   |                      | 52 NAME  |   |                                     |
| STREET ADDRESS  |   |                      | 5 3 STREET ADDRESS                                     |   |                                     |
| CITY-ST-ZIP   |   |                      | 5 4 CITY-ST-ZIP  |   |                                     |
| TITLE   |   | DELETE               | 6 1 TITLE  |   | Change Addition                     |
| NAME  |   |                      | 6.2 NAME   |   |                                     |
| STREET ADDRESS  |   |                      | 6.3 STREET ADDRESS                                     |   |                                     |
| CITY-ST-ZIP   |   |                      | 6.4 CITY - ST - ZIP                                    |   |                                     |

14. Thereby 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 charged or on an attachment with an address.

CIONATURE.

CR2E034 (10/97