## 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 # P97000012035 (6)

ROBIN ENTERPRISES LIMITED, INC.

Principal Place of Business

Mailing Address

3901 SOUTH OCEAN DRIVE. SUITE 11N

3901 SOUTH OCEAN DRIVE. SUITE 11N

## FILED Sep 03 1998 8:00am Secretary of State



HOLLYWOOD FL 33019-3003		HOLLYWOOD FL 33019-3003				DO NOT WRITE IN THI <b>S S</b> PACE			
						3. Date Incorporated or Qualified 02/05/1997	_		
2. Principal Place of Business ' 2a. Mailing Address				S	<b>-</b>	4. FEI Number		Applied For	
21 39015 OCE PRIVE 26 3901 SOW			My Ocen	$V_{\lambda}$	M	65-0726435		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc	H 44 4			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State City & State				,		6. Election Campaign Financing	\$5	.00 May Be	
23 Welly wood floring 28 Bellywood			Hav			Trust Fund Contribution	Ad	ded to Fees	
Zip	Country	Zip \	Cc	untry		8. This corporation owes or has paid the c	_	<u></u>	
24 33019		29 38019	30	<u> </u>		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes	<b>X</b> INo	
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Registere	a Agent		
AMERILAWYER CHARTERED					or (valie				
343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Add	ress (P.O. Box Number is Not Acceptable)			
							. <u>.                                   </u>		
				83		÷			
				84	City		85	Zip Code	
			57			F			
office or re	egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida, Such change,	was authoriza	ed hvi	the coroor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	<b>opo</b> intmer	nt as registered	
SIGNATURE	Standure, typed or printed name of registered agr	ant and trile if anglicable	(NOTE Annister	ed Agen	l signalure regu	juired when reinstating) DATE			
12.		D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	PSID	☐ DELET		TITLE			Cha	inge 🔲 Addition	
NAME	LEVINE, ROBERT E		1.2	NAME					
STREET ADDRESS	3901 SOUTH OCEAN DRIVE,	SUITE 11N		STREET A	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33019-3003			CITY-ST					
TITLE		DELET		TITLE			Cha	nge Addition	
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET A	ADDRESS				
CITY-ST-ZIP			2.4	CITY-ST	- ZIP				
TITLE		☐ DELET	DELETÉ 3.1				Cha	inge 🔲 Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET A	ADDRESS				
City-St-ZiP			3.4.	CITY - ST	T- ZIP				
TITLE		DELET		TITLE			Cha	inge 🔲 Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET A	ADORESS				
CITY-ST-ZIP			4.4	CITY - ST	- ZIP				
TITLE		☐ DELET	£ 5.1	TITLE			Cha	inge Addition	
NAME :			5.2	NAME					
STREET ADDRESS			5.3	STREET A	ADDRESS				
CITY-ST-ZIP			5.4	CITY-ST	- ZIP				
TITLE		☐ DELET		TITLE			Cha	inge Addition	
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREE1 A	ADORESS				
CITY-ST-ZIP			6.4	CITY-ST	. ZIP				
14. Thereby o	ertify that the information supplied w	ith this filing does not qua	alify for the ex	kempti	on stated i	in Section 119.07(3)(i), Florida Statutes. I further	oertify tha	It the information	
officer or o	on <b>th</b> is annual report or supplementa dir <b>ect</b> or of the corporation or the rec or <b>Blo</b> ck 13 if changed, or on an atta	eiver or trustee empowere	d accurate a od to execute	nd that this re	t my signat eport as re	ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and tha	under oat it <b>m</b> y nam	n; that I am an e appears in	