


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90073 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97 000012035 ^{OC}					
1. Corporation Name ROBIN ENTERPRISES, LIMITED INC					
Principal Place of Business 1849 South Ocean Drive, Suite 1011 Hallandale, Florida 33009-4929			Mailing Address 1849 South Ocean Drive, Suite 1011 Hallandale, Florida 33009-4929		
2. Principal Place of Business 1849 South Ocean Drive, Suite 1011 Hallandale, Florida 33009-4929		2a. Mailing Address 1849 South Ocean Drive, Suite 1011 Hallandale, Florida 33009-4929		3. Date Incorporated or Qualified Feb 6 1997	
21. City & State HALLANDALE FL		26. City & State HALLANDALE FL		4. FEI Number 65-0724135	
22. Zip 33009-4929		27. Zip 33009-4929		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Country USA		28. Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Signature [Signature]		29. Signature [Signature]		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERIKAPYK 343 ALMERIA AVENUE CORAL GABLES, FL 33134				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code FL	
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 [Signature] DATE 4/19/99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PRESIDENT					
1.2 NAME ROBERT E. LEVINE					
1.3 STREET ADDRESS 1849 South Ocean Drive #1011					
1.4 CITY-ST-ZIP HALLANDALE FL 33009-4929					
2.1 TITLE Robert E. Levine					
2.2 NAME 1849 South Ocean Drive #1011					
2.3 STREET ADDRESS Hallandale, Florida 33009-4929					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)