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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059238

1. Corporation Name

ROBCO NATIONAL DISTRIBUTORS, INC.

Principal Place of Business

4028 N 30TH AVE
HOLLYWOOD FL 33020

Mailing Address

4028 N 30TH AVE
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

65-0765038

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

~~MARTIN JEROLD~~
MARTIN ROSENBERG
 4028 N 30TH AVE
 HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

MARK SOLOMON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/1999

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME VP
 STREET ADDRESS ROBIN CHILD
 4028 N 30TH AVE
 CITY-ST-ZIP HOLLYWOOD FL 33020
1.2 TITLE ☐ DELETE
 NAME STD
 STREET ADDRESS ROSENBERG, MARTIN
 4028 N 30TH AVE
 CITY-ST-ZIP HOLLYWOOD FL 33020
1.3 TITLE ☐ DELETE
 NAME S
 STREET ADDRESS KATHY HEBERBRAND
 4028 N 30TH AVE
 CITY-ST-ZIP HOLLYWOOD FL 33020
1.4 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.5 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1.6 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *Mark Solomon* **MARK SOLOMON** **ROSENBERG** 3/31/99 (954) 989-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-CR2E034 (1/198)