## 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 # P97000075129 (1)

**DENNIS ROBINSON, INC.** 

Principal Place of Business		Mailing Address	Mailing Address			I CARLIADE LIN CARLL IRRAL BREIT BARIT BARIT BARIT INNE SINDT HAGE (1918 1841 1931				
2090 RIVER REACH DRIVE #35 NAPLES FL 34104		2090 RIVER REACH DRIVE NAPLES FL 34104	2090 RIVER REACH DRIVE #35 NAPLES FL 34104			DO NOT WRI	TE IN THIC	SDVCE		
					-	3. Date Incorporated or Qualified		3FAOL	· <del></del>	
						08/01/1997	'			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-3467298		<u> </u>	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.						<del></del>	5 Additional	
22		27	27		Ī	5. Certificate of Status Desired			Required	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.0	O May Be	
23		28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip !	¬ ' — '			B. This corporation owes or has t				
24	25		[30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	<ol><li>Name and Address of Curr BINSON, DENNIS</li></ol>	ent negistered Agent	81	T	Name	10. Name and Address of New F	redigreter	whaur_		
	O RIVER REACH DRIVE #35		82	8	Street Address	s (P.O. Box Number is Not Accepte	able)			
NA	PLES FL 34104		83	+						
ĺ				<u> </u>				<del> </del>		
			84	1	City		FL	85 Zi	ip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statuto	es, the above	l_ e-n	named corpora	ation submits this statement for the	DUITDOSA A	f changing	its registered	
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was a	uthorized by	y th	ne corporation	i's board of directors. I hereby acc	ept the app	ointment i	as registered	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or proted name of registered agent and title if applicable (NOTE: Re					signature required w	when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	0	☐ DELETE	1.1 TITLE					L Change	e L_  Addition	
NAME	ROBINSON, DENNIS		1.2 NAME							
STREET ADDRESS	2090 RIVER REACH DRIVE	#35	1.3 STREET							
CITY-ST-ZIP	NAPLES FL 34104	Douest	1.4 CITY - S	ST - Z	ZIP			T 105 24 24	- I Addition	
TITLE		DELETE	21 TITLE		1			L Change	e Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET		1					
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 1 3.1 TITLE	31-2	ZIP			Change	e 🔲 Addition	
NAME			3.2 NAME					C Citaria	,	
STREET ADDRESS			3 3 STREET	T ADI	IDRESS					
CITY-SY-ZIP			3.4. CITY-1		ì					
TITLE		DELETE	4.1 TITLE	0. 2	211		<del></del>	Change	e Addition	
NAME			4. 2 NAME		ļ					
STREET ADDRESS			4.3 STREET	I ADI	)DAESS					
CITY-ST-ZIP			4.4 CHY-S	ST - Z	ZIP					
TITLE		☐ DELET <b>E</b>	5.1 THILE					Change	e 🔲 Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	(AD	ODRESS					
CITY-ST-ZIP			5.4 CITY - S	31-Z	ZIP			T -	F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		DELETE	6.1 TITLE					∐ Change	e 🔲 Addition	
NAME			6.2 NAME							
STREET AODRESS			6.3 STREET							
CITY-ST-ZIP	artifuthat the information a unalised	with this filing does not qualify to	6.4 CITY - S			olion 110 07/2/(i) Elavida Statutas	I further a	artifu that t	ho information	
indicated	on this annual report or supplemen	ital annual report is true and acco	urate and th	at r	my signature s	ction 119.07(3)(i), Florida Statutes. shall have the same legal effect as	if made ur	nder oath; t	that I am an	
officer or director of the corporation or the reserver or trustee emporeded 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 an appearament with an address.										

CIONATURE.

20 Az -1998 GUIVAG-1864

**FILED** 

May 11 1998 8:00am

Secretary of State