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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000029667

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90092 031 \*\*\*150.00

ROBERT	B MALBIN, INC.								
Principal Place	e of Business	Mailing Address				, 1981)251 110 1210 1511			- <del>-</del>
4770 PEBBLEBROOK DR. 4770 PEBBLEBRO									
		OLDSMAR FL 34677	OLDSMAR FL 34677			DO NO.	WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qu			
						03/30/1998			-
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		T 17	Applied For
21	add of Basilless	26				59-35005	54		Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desi	red 🗆	7 .	Additional
22		27				J. Certificate of Gladus Dos			Required
City & State	e	City & State				6. Election Campaign Fina	ncing		May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip		untry		8. This corporation owes the	ne current year	Intangible	[ <b>Y</b> No
24	25	29	30			Personal Property Tax.  10. Name and Address of	New Registers		
	9. Name and Address of Current	registered Agent		81	Name	IV. Hame and Address of			
MAII	BIN, ROBERT B								
4770 PEBBLEBROOK DR.				82	Street A	ddress (P.O. Box Number is Not A	(cceptable)		
	SMAR FL 34677			83					
			•					JAS 7:	
	•			84	City		F	85 Zi	ip Code
11. Pursuant office or reagent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida St of Florida. Such change witions of, Section 607.0505.	tatutes, the a as authorize , Florida Stat	above- ed by th tutes.	named cohe corpor	orporation submits this statement ation's board of directors. I hereby	for the purpose accept the ap	of changing pointment as	its registered registered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 to the provisions of Sections 607.0502 to glistered agent, or both, in the State of familiar with, and accept the obligat Signature, typed or printed name of registered agent	dons of, Section 607.0303,	, i ioilua otai			quired when reinstating)	DATE		
agent. I a	Signature, typed or printed name of registered agen	at and title if applicable.	NOTE: Registere	d Agent s			DATE	AND DIREC	TORS IN 12
agent. I a	Signature, typed or printed name of registered agen  OFFICERS ANI	at and title if applicable.	NOTE: Registered  13. E 1.1 T	d Agent s		quired when reinstating)	DATE		TORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS ANI D MALBIN, ROBERT B	at and title if applicable.	NOTE: Registere 13. E 1.1 T	Ad Agent &	signature req	quired when reinstating)	DATE	AND DIREC	TORS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS ANI D MALBIN, ROBERT B 4770 PEBBLEBROOK DR.	at and title if applicable.	NOTE: Registered 13. E 1.1 T 1.2 N 1.3 \$	MAGENT S	signature req	quired when reinstating)	DATE	AND DIREC	TORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI D MALBIN, ROBERT B	at and title if epplicable. (i) D DIRECTORS	NOTE: Registere: 13. E 1.1 T 1.2 N 1.3 S	M Agent &	signature req	quired when reinstating)	DATE	AND DIREC	TORS IN 12 ge Addition
Agent. Fail	Signature, typed or printed name of registered agent OFFICERS ANI D MALBIN, ROBERT B 4770 PEBBLEBROOK DR.	at and title if applicable.	NOTE: Registere 13. E 1.1T 1.2 N 1.3 S 1.4 C E 2.1 T	AND	signature req	quired when reinstating)	DATE	AND DIREC	TORS IN 12 ge Addition
Agent. Fail	Signature, typed or printed name of registered agent OFFICERS ANI D MALBIN, ROBERT B 4770 PEBBLEBROOK DR.	at and title if epplicable. (i) D DIRECTORS	NOTE: Registere  13. E 1.1T 12N 1.3S 1.4C E 2.1T	AND	ADDRESS	quired when reinstating)	DATE	AND DIREC	TORS IN 12 ge Addition
Agent. Fail SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D MALBIN, ROBERT B 4770 PEBBLEBROOK DR.	at and title if epplicable. (i) D DIRECTORS	NOTE: Registere  13. E 1.1T 1.2N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S	AND	ADDRESS -ZIP ADDRESS	quired when reinstating)	DATE	AND DIREC	TORS IN 12 ge Addition
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AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D MALBIN, ROBERT B 4770 PEBBLEBROOK DR.	at and title if applicable. (CD DIRECTORS DELETION DELETI	NOTE: Registere  13. E 1.1T 12.N 13.S 1.4.C E 2.1T . 22.N 2.3.S 2.44 E 3.1T	ITTLE VAME STREET A CITY-ST- STREET A CITY-ST- CITY-ST- CITY-ST- CITY-ST- CITY-ST-	ADDRESS -ZIP ADDRESS	quired when reinstating)	DATE	AND DIREC	TORS IN 12  ge
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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 are received 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 an application with an address, with all other like empowered.