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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000043466

1. Corporation Name

ROBERT & ANNIE, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90052 027 \*\*\*150.00

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LAKELAND FL	33809	LAKELAND FL 33809			DO MOT MOUTE IN THIS PRACE		
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			ے جے	<del></del>	=3: Date Incorporated or Qualifed .		
1					05/11/1998	] '	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			59-3528409 Not Applicable	1	
Suite Apt #:etc.		Suite, Apt. #, etc.			\$8.75 Additional	1	
	(#, mo, z		حشت	مريحين	-5. Certificate of Status Desired Fee Required	يبية أ	
22		27				1	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	'	
23				Trust Fund Contribution Added to Fees		-	
Zip	Zip Country Zip Cou		untry 8. This corporation owes the current year Intangible		{		
24	25 29 30		30		Personal Property Tax.   ☑ Yes □ No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	1	
				81 Na	lame	Į	
LEE,	, SHIANSHYAN					4	
4120 STAFFORDSHIRE DR.				82 Str	32 Street Address (P.O. Box Number is Not Acceptable)		
	ELAND FL 33809					-	
)	ELNIAR LE 22002			83		ì	
ļ	•			84 Cit	City 85 Zip Code	1	
				O4 CIL	FL Just 215 3342	1	
44 Oursugest	to the provisions of Sections 607.05	602 and 607 1508 Florida Statu	tes the a	hove-dan	amed corporation submits this statement for the purpose of changing its registered	1	
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized	by the c	amed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered		
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Stati	utes.		ĺ	
SIGNATURE						ļ	
CICITATIONE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT		Agent signa	nature required when reinstating) DATE	√ <u>@</u>	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)	
TITLE	D	☐ DELETE	1.1 71	rle.	☐ Change ☐ Addition	ĮΞ	
NAME	LEE, SHIANSHYAN		1.2 N	ME		E034	
STREET ADDRESS	4120 STAFFORDSHIRE DR.		135	REET ADDR	DRESS .	6	
1	LAKELAND FL 33809					5	
CITY-ST-ZIP	<u> </u>	☐ DELETE		TY-ST-ZIP	Change Addition	16	
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City-st-zip===	LAKELAND-FL-33809		~~~	ITY-ST-ZIP		<del> </del>	
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NAME	}		3.2 N			1	
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NAME		☐ DELETE	3.4. U		☐ Change ☐ Addition	}	
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	and the same of	DELETE	4.1 TI 4.2 N	TLE AME	☐ Change ☐ Addition		
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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 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 attackment with an address, with all other like empowered.

SIGNATURE: