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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059241 1. Corporation Name

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90076 012 ***150.00

ROBINSO	ON CHARLES GROUP, INC.						
Principal Place	e of Business	Mailing Address			# INDITION IS AND INDITED AND INDITION OF THE PROPERTY OF THE	ist Adibi Attip ibilā trut minat tini tom	
205 N. DIXIE HIGHWAY P.O. BOX 1533 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401				;	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
a D-iiI Di	los of Durings	2a. Mailing Address	* •. 		07/01/1998 4. FEI Number Applied For		
2. Principal Place of Business 21 P.O. Box 1533 22 P.U. Bux 153			£33		650847611	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State			a Fleetien Compoint Financing	\$5,00 May Be	
City & State		— · ()	Bea	. P. P. I	6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
23 West Zip	Country	Zip 33401-15		untry	8. This corporation owes the current		
	01~153325 U.S.	29	30	ં પ. ઙ,	Personal Property Tax.	Yes INO	
<u> </u>	9. Name and Address of Current	<u> </u>			10. Name and Address of New Regi	stered Agent	
	<u> </u>	<u></u>		81 Name			
ROBINSON, BARBARA				82 Street Address (P.O. Box Number is Not Acceptable)			
1943 S.W. BURLINGTON STREET				82 Street Addre	ess (F.O. Box Number is Not Acceptable	,	
WEST PALM BEACH FL 33401				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 an accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type of Schnifed harms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed of printed name of registered agent		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
12.	D. OFFICERS AND	DELETE	_	mle	ADDITIONOJONI WOZO TO OTTA	Change Addit	
NAME	ROBINSON, SUSAN			IAME			
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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 attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)