**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90011 007 \*\*\*150.00

## DOCUMENT # P98000073160

1. Corporation ROBITEN	N CORPORATION					2 200 1100 110 (S20) 2011 0010 DR14 0010 E81	:  J <b>our</b> s    1991    1481	DECEMBER 1881	
Principal Place of Business Mailing Address						4 (96)(684 119 19141 5214 88141 83141 83141 83141 83141 83141 83141 83141 83141 83141 83141 83141 83141 83141	· · · · · · · · · · · · · · · · · · ·	<b>21</b> /11 <b>2 2</b> 1/1 <b>1-2</b> 1	
SOO BARNES BLVD. ROCKLEDGE FL 32955  SOO BARNES BLVD. ROCKLEDGE FL 32955						DO NOT WRITE IN TH	S SPACE		
						3. Date incorporated or Qualifed			1
						08/19/1998			Ĺ
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 59-3569691		plied For	
21		26				22-3263631		1 Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State	<u></u>	City & State				6. Election Campaign Financing	\$5.00 Added t		
23		28	Co	intry		Trust Fund Contribution		0 1 003	1
Zip	Country Zip 29 30		30	Country		This corporation owes the current year Intangible     Personal Property Tax.			1
24	9. Name and Address of Curre		1301	T		10. Name and Address of New Registers	d Agent		1
				81 Na	me				}
	ier, balz Barnes BLVD.				et Addre	dress (P.O. Box Number is Not Acceptable)			
	KLEDGE FL 32955		B3				<u> </u>		1
				84 Cit	,		85 Zip (	Code	1
				1 (		<u> </u>	of observation its	registered	┥
11. Pursuant office or n agent. I a	to the provisions of Sections 607.05 egistered egent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida S a of Florida. Such change w ations of, Section 607.0505	itatutes, the a vas authorized 5, Florida Stat	bove-named by the cutes.	ned corpo orporation	oration submits this statement for the purpose in's board of directors. I heraby accept the app	ointment as re	gistered	l
									1
SIGNATURE		_							۾ ا
	Signature, typed or printed name of registered ag	ent and title if applicable.					ND DIRECTO	RS IN 12	   <u>@</u>
SIGNATURE 12.		_	(NOTE: Regulared	Agent signs		when reinstating) DATE			(11/98)
12.	OFFICERS A	ent and title if applicable.  NO DIRECTORS	(NOTE: Regulared	Agent aigne		when reinstating) DATE	ND DIRECTO	RS IN 12	34 (11/98)
12. TILE	OFFICERS A	ent and title if applicable.  NO DIRECTORS	(NOTE: Registered 13. E 1.1 Ti	Agent aigne	ture required	when reinstating) DATE	ND DIRECTO	RS IN 12	2E034 (11/98)
12. TITLE NAME	OFFICERS A  D  FEINER, BALZ	ent and title if applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. E 1.1 TI 1.2 N 1.3 S' 1.4 C	Agent organi TLE AME TREET ADOR	ture required	when reinstating) DATE	Change	RS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	D FEINER, BALZ 500 BARNES BLVD. ROCKLEDGE FL 32955 D	ent and title if applicable.  NO DIRECTORS	(NOTE: Registered  13. 1.17 Ti 1.2 Ni 1.3 Si 1.4 Ci E 2.1 Ti	Agent eigne TILE AME TREET ADOR TIY-ST-ZIP TILE	ture required	when reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZP . TITLE NAME	D FEINER, BALZ 500 BARNES BLVD. ROCKLEDGE FL 32955 D ITEN, ROBI	ent and title if applicable.  ND DIRECTORS  DELET	(NOTE: Registered  13. E 1.1 Ti 12.N 13.8° 14.C E 2.1 Ti 22.N	A Agent signed TILE AME TREET ACOR TTY-ST-ZIP TILE AME	ESS	when reinstating) DATE	Change	RS IN 12	CR2E034 (11/98)
12.  ITTLE NAME STREET ADDRESS CITY-ST-ZP .  ITTLE	D FEINER, BALZ 500 BARNES BLVD. ROCKLEDGE FL 32955 D ITEN, ROBI 500 BARNES BLVD.	ent and title if applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. E 1.1 Ti 12.N 1.3.5' 1.4.C E 2.1 Ti 22.N 2.3.5'	TILE  AME  TITLE  TITLE	ESS	when reinstating) DATE	Change	RS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINER, BALZ 500 BARNES BLVD. ROCKLEDGE FL 32955 D ITEN, ROBI	eri and title if applicable.  ND DIRECTORS  DELET	(NOTE: Registered 13. E 1.1 Ti 12.N 13.8* 1.4C E 2.1 Ti 22.N 23.5* 2.40	TLE  AME  TIREET ADDR  TIV-ST-ZIP  TILE  AME  TREET ADDR  TREET ADDR  TREET ADDR	ESS	when reinstating) DATE	Change	RS IN 12	CR2E034 (11/98)
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expelled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in 14. I hereby certify that the information-evi indicated on this annual reportor sup-officer or director of the corporation or Block 12 or Block 13 if charged, or or

3-15-99 (407)536-6148