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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$44632

(5)

ROBIN WEINBERGER, INC.

									
Principal Place of Business Mailing Address					•	TO BE THE STATE OF THE DEFORMANCE AND THE STATE OF THE ST			
2760 N E 55 STREET SUITE 2060 FT LAUDERDALE FL 33308		2760 N E 55 STREET Suite 2080 Ft Lauderdale FL 33308-3448							
US		U\$			3a. Date Incorporated or Qualified			eport	
2. Principal Place of Business 21 2999 NE 191 ST. 26 2760 NE				۔۔۔۔۔		4. FEI Number		Ap	oplied For
	26 2760 NE	2760 NE ST ST			65-0259599		No	ot Applicable	
Suite, Apt.	1	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$	8.75 / Fee Re	Additional equired
City & State City & State City & State 28 Ft. M						Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip 24		29 33130	30 D/\		<u> </u>		Yes 🔲 N	lo	. 199.032,
	9. Name and Address of Curren	it negisterea Agent		81	Name	10. Name and Address of New Reg	Jistered Age	nt	
WEINBERGER, ROBIN					Maine				
2760 NE 55 ST Suite 208-d					Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
FT (LAUDERDALE FL 33308			83					
				J	City		⊢L ∣		Code
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 607.1508, Florida Statul of Florida. Such change was a ations of, Section 607.0505, Flo	es, the ab authorized orida Statu	ove- by t ites.	named corpo the corporation	oration submits this statement for the property of directors. I hereby accept	urpose of cha t the appoint	inging it	s registered registered
SIGNATURE	Signature, typed or printed name of registered age	rd and title if applicable. (NOT	F. Boostered	Anent	signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.	2. (See I)	ag iatore require	ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
TITLE	D	DELETE 111		11 10 LE				Change	Addition
NAME	WEINBERGER, ROBIN		1.2 NAME						
STREET ADDRESS	2760 NE 55 ST		1.3 ST		DDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 001		ZIP				
TITLE	☐ DELETE 21		2 1 301	Ε.				Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 S1R	EE1 A	DDRESS				
CITY-ST-ZIP			2.4 CIT	Y-S1	- ZIP				
TITLE		[] DELETE	3.1 1111	.F		-		Change	Addition
NAME			3.2 NAN	Æ					
STREET ADDRESS			3.3 STR	EF1 AI	DORESS .	•			
CITY-ST-ZIP		PEI ETE	3.4 CIT		- 71P				
TITLE		DELETE	4.1 1(1)					Change	Addition
NAME			4. 2 NA		1				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		T OUT	4.4 CIT		ZIP			<u> </u>	
TITLE		☐ DELETE	5 1 1170					Change	☐ Addition
NAME PARCE ADDRESS			5.2 NAN						
STREET ADDRESS					DORESS				ĺ
CITY-ST-ZIP		T Office	54 CHY		ZIP				
TITLE		☐ D€LETE	617111					Change	☐ Addition
NAME			6.2 NAN						
					DDRESS				
CITY-ST-ZIP			6.4 CITY	/- \$T-	73P				

6/17-51-7/P

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 it made under oath; that I am an officer or director of the corporator or the receiver or trusted 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 for on an attachment with an address.

. /

1 Jun 25 926

FILED

May 15 1997 8:00am

Secretary of State