

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

95 MAY - 11 PM 5:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V15113 (6)

**1. Corporation Name
ROBSTERIC, INC.**

**Principal Place of Business
3911 ORANGE LAKE DRIVE
ORLANDO FL 32817-1637**

**Mailing Address
3911 ORANGE LAKE DRIVE
ORLANDO FL 32817-1637**

**000001486250
-05/12/95--01086--016
3825.00 *225.00
DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified
02/17/1992**

**3a. Date of Last Report
05/01/1994**

**4. FEI Number
59-3108717**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKER, WILLIAM R.
20 N. EOLA DRIVE
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when initiating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **ZLATKISS, ROBERT**
STREET ADDRESS **3911 ORANGE LAKE DR**
CITY, ST, ZIP **ORLANDO FL 32817**

TITLE **VP**
NAME **ZLATKISS, STEVEN**
STREET ADDRESS **4005 DIJON DR**
CITY, ST, ZIP **ORLANDO FL 32809**

TITLE **VP**
NAME **KARNOW, RICHARD**
STREET ADDRESS **1000 DOUGLAS RD #54**
CITY, ST, ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and changed, or on a subsequent filing with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Signature/Name)