

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V69470 (5)

1. Corporation Name
ROBINA R. ENGLISH, INC.

Principal Place of Business

916 MEADOW AVE
WELLINGTON FL 33414

Mailing Address

916 MEADOW AVE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1992

4. FEI Number

65-0366362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 18211 SE ISLAND DRIVE
Suite, Apt. #, etc.

22

City & State

23 TEQUESTA FL

Zip

24 33469

Country

25 USA

2a. Mailing Address

26 18211 SE ISLAND DRIVE
Suite, Apt. #, etc.

27

City & State

28 TEQUESTA, FL

Zip

29 33469

Country

30 USA

9. Name and Address of Current Registered Agent

ENGLISH, ROBINA R.
916 MEADOW AVE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

ENGLISH, ROBINA R

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

18211 SE ISLAND DRIVE

83

84 City

TEQUESTA

FL

85 Zip Code

33469

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 reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME PST
ENGLISH, ROBINA R.
STREET ADDRESS 916 MEADOW AVE
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

NAME D
ENGLISH, ROBINA R.
STREET ADDRESS 916 MEADOW AVE
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

18211 SE ISLAND DRIVE
TEQUESTA FL 33469

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

18211 SE ISLAND DRIVE
TEQUESTA FL 33469

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Robina English

412198 848-6440

CR2E034 (10/97)