DOCU	MENT # 176450	INESS NEPC	JNI	(UBN)							800
1. Entity Nam	RUBBER CORPORATION					FI	LED				
TILOTTI	TOBBETT COLL CHATION				00 JAN 10 AM 11: 04						
Principal Place of Business Mailing Address					_	1					
6161 PHILLIPS I JACKSONVILLE		6161 PHILLIPS HWY JACKSONVILLE FL 32216-5920				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. F	El Number	59-0703038	}		oplied For ot Applicable	-	
Zip Country		Zip Count		try	5. Certificate of Status Desired				8.75 Add	ditional	1
	6. Name and Address of Current	Registered Agent			7. N	ame and A	ddress of New F		<u>'</u>		┪
	ASTATE REGISTERED AGENT CO			Name	بهندسد .					<u> </u>	-}-
701 E		Street Address	s (P.O. Bo	x Number	is Not Acceptable	•)					
	E 3000 N FL 33131								1		]
				City				FL	Zip Cod	e	_
8. The above	named entity submits this statement fo	r the purpose of changing it	ts registere	ed office or regist	ered age	ent, or both,	in the State of Flo	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registere	1 Agent signature requir	red when rei	nstating)		DATE			
O This serve								·			┨
Tax filling r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S					tion Campaign Fir : Fund Contributío		<b>\$5.0</b> Added	May Be d to Fees	
11.	OFFICERS AND	<u>. L</u>	12.		l l	DITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	\$ IN 11	+
TITLE	\$	☐ Delete	TITLE				1		☐ Change	Addition	66/
NAME	HECHT,SYLVIA   6161 PHILLIPS HGWY		NAM	l l							6)
STREET ADDRESS CITY-ST-ZIP	JAX, FL 00000			ET ADDRESS · ST-ZIP							R2E034 (9/99)
TITLE	PD	Delete	TITLE			40	10003i -01/14	<u> </u>	E Ebst e-	— 🔲 Agention	18
NAME	HECHT, MILTON		NAM	1					1060	JO2	
STREET ADDRESS CITY-ST-ZIP	6161 PHILLIPS HIGHWAY JACKSONVILLE, FL 00000			ET ADDRESS -ST-ZIP			****1	սս. ԱՍ	****15		
TITLE	VTD	☐ Delete	TITLE						☐ Change	☐ Addition	1
NAME	HECHT, STUART		NAM!								
STREET ADDRESS*	6161 PHILLIPS HIGHWAY			ET ADDRESS		-					
TITLE	VD CONTROL OF THE CON	Delete	TITLE					_	☐ Change	☐ Addition	1
NAME	HECHT, LARRY		NAMi						ί.		
STREET ADDRESS CITY-ST-ZIP	6161 PHILLIPS HIGHWAY JACKSONVILLE, FL 00000			ET ADDRESS -ST-ZIP							}
TITLE		Delete	TITLE						☐ Change	☐ Addition	1
NAME			NAM								}
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	1
NAME	al f		NAMI	ET ADDRESS						SP	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP							
13. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exe	mption stated in S	Section 1	19.07(3)(i),	Florida Statutes.	I further certi	fy that the in	nformation or director	
of the cor	certify that the information supplied with l on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with a faddress,	owered to execute this report with all the like empower	as requir	ed by Chapter 60	07, Floric	la Statutes;	and that my nam	e appears in	Block 11 or	: Block 12 if	
	CORL MAINE	MANNT			/	- 2	-00 9	1011 7	31-3	401	
SIGNAT	URE: SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	R OR DIRECT	OR			Date	Day	ytime Phone #		