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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726393 (2)
1. Corporation Name
J. M. RUBIN FOUNDATION, INC.



Principal Place of Business 777 S FLAGLER DR 1113. WEST TOWER WEST PALM BEACH FL 33477 US	Mailing Address 777 S FLAGLER DR 1113. WEST TOWER WEST PALM BEACH FL 33401-6161 US
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3. Date Incorporated or Qualified 05/11/1973	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1958240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
MEISEL, DAVID S
777 S FLAGLER DR WEST TOWER
SUITE 1113, WEST TOWER PHILLIPS POINT
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name David A. Gart
82 Street Address (P.O. Box Number is Not Acceptable) One Clearlake Center, Suite 500
83 250 Australian Avenue South
84 City West Palm Beach FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 family with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *David Gart* DATE: 3/26/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OWENS, ROBERT T	
STREET ADDRESS	577 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARPER, MARY	
STREET ADDRESS	630 OCEAN DRIVE, #103	
CITY-ST-ZIP	JUNO BEACH FL 33469	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARPENTER, CHARLES M	
STREET ADDRESS	131 ELLAMAR ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEISEL, DAVID S	
STREET ADDRESS	777 SO FLAGLER DR SUITE 1113, W TOWER	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)