


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 726393 (2)**

1. Corporation Name  
**J. M. RUBIN FOUNDATION, INC.**



Principal Place of Business <b>777 S FLAGLER DR 1113. WEST TOWER WEST PALM BEACH FL 33477 US</b>	Mailing Address <b>777 S FLAGLER DR 1113. WEST TOWER WEST PALM BEACH FL 33477 US</b>
---	---

3. Date Incorporated or Qualified <b>05/11/1973</b>
4. FEI Number <b>59-1958240</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address		
21 <b>505 SOUTH FLAGLER DRIVE</b>	2a <b>505 SOUTH FLAGLER DRIVE</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>SUITE 1320</b>	27 <b>SUITE 1320</b>		
City & State	City & State		
23 <b>WEST PALM BEACH, FL 33401</b>	26 <b>WEST PALM BEACH, FL 33401</b>		
Zip	Country	Zip	Country
24 <b>33401</b>	25 <b>USA</b>	29 <b>33401</b>	30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GART, DAVID A.  
ONE CLEAR LAKE CENTER, STE 500  
250 AUSTRALIAN AVE SOUTH  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

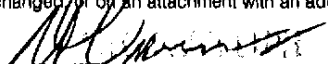
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>OWENS, ROBERT T</b>	
STREET ADDRESS	<b>577 COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>ATLANTIS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HARPER, MARY</b>	
STREET ADDRESS	<b>630 OCEAN DRIVE, #103</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL 33469</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, CHARLES M</b>	
STREET ADDRESS	<b>131 ELLAMAR ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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, or on an attachment with an address.

SIGNATURE:  **ROBERT T. OWENS**

v/20/98

CR2E037 (10/97)