


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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

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

**DOCUMENT # F92000000906 (9)**  
 1. Corporation Name  
**RUG PROPERTIES CORP.**



Principal Place of Business <b>% JAY FELNER                  4770 TREE FERN DR.                  DELRAY BEACH FL 33445</b>	Mailing Address <b>% JAY FELNER                  4770 TREE FERN DR.                  DELRAY BEACH FL 33445</b>
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified <b>12/10/1992</b>	4. FEI Number <b>88-0260428</b>	Applied For <input type="checkbox"/> Not Applicable
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>		
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  
**FELNER, JAY  
 4770 TREE FERN DR.  
 DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>LEFKOVITZ, EDWIN</b>
STREET ADDRESS	<b>28720 COUNTRY SIDE LAKE</b>
CITY-ST-ZIP	<b>MUNDELEIN IL</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SCHWARTZBERG, ALBERT</b>
STREET ADDRESS	<b>152 W. 57TH ST, 7TH FLOOR</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>NESHEK, THOMAS</b>
STREET ADDRESS	<b>14 E. WALWORTH ST.</b>
CITY-ST-ZIP	<b>ELKHORN WI 53121</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>FELNER, JEFFREY</b>
STREET ADDRESS	<b>625 AUBURN CIRCLE WEST</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, ROBERT U</b>
STREET ADDRESS	<b>600 CENTRAL AVE., #365</b>
CITY-ST-ZIP	<b>HIGHLAND PARK IL 60035</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>WAGNER, SUSAN</b>
STREET ADDRESS	<b>600 CENTRAL AVE., #365</b>
CITY-ST-ZIP	<b>HIGHLAND PARK IL 60035</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>60060</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>50 Main Street, Suite 435</b>
2.4 CITY-ST-ZIP	<b>White Plains, NY 10606</b>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/3/98** (847) 432-3666

CR2E034 (10/97)