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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K31702** (9)

1. Corporation Name  
**RUBIN ARTHUR & COMPANY**



Principal Place of Business: **5689 VINELAND RD ORLANDO FL 32819**  
Mailing Address: **5689 VINELAND RD ORLANDO FL 32819-7830**

3. Date Incorporated or Qualified: **08/23/1988** 3a. Date of Last Report: **04/18/1996**  
4. FEI Number: **59-1808404** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**IRA ROBINSON  
10097 CLEARY BLVD SUITE 503  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name: **BRUCE MCMENEMY, CPA**  
82 Street Address (P.O. Box Number is Not Acceptable): **300 CR 427 STE 306**  
83  
84 City: **LONGWOOD** FL 85 Zip Code: **32750**

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]* **CPA** DATE: **1/19/97**  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS  
TITLE: **P**  DELETE  
NAME: **HABER, ARTHUR**  
STREET ADDRESS: **820 GARRETT COURT**  
CITY-ST-ZIP: **WINTER PARK FL**  
TITLE: **VP**  DELETE  
NAME: **HABER, LISA**  
STREET ADDRESS: **820 GARRETT COURT**  
CITY-ST-ZIP: **WINTER PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE:  Change  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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/24/97** DAYTIME PHONE: **407 852 9200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)