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

**FILED** Feb 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K31702 (9)**RUBIN ARTHUR & COMPANY** Principal Place of Business Mailing Address 5689 VINELAND RD 5689 VINELAND RD ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1988 Applied For 59-1808404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & 8. Election Campaion Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCMENEMY, BRUCE C.P.A. 300 CR 427 STE 306 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 **B4** City Zip Code Pursuant to the provisions of Sections 607.05.02 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 reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DILETE 1.1 TITLE Change Addition NAME HABER, ARTHUR 1.2 NAME **820 GARRETT COURT** STREET ADDRESS 1.3 SYREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-2IP DLLETE Change Addition TITLE 2.1 TITLE HABER, LISA NAME 2.2 NAME **820 GARRETT COURT** STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an lowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

NAME

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental are officer or director of the corporation or the received.

Block 12 or Block 13 if changed, or on an atta