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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 220798

RUBY BUILDERS. INC.

Mailing Address Principal Place of Business 3939 SILVER STAR ROAD 3939 SILVER STAR ROAD P.O. BOX 680099 P.O. BOX 680099 ORLANDO FL 32868-7099 ORLANDO FL 32868-7099 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/27/1959 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-0863156 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SUBERMAN, ALEC Street Address (P.O. Box Number is Not Acceptable) 3939 SILVER STAR ROAD ORLANDO FL 32808 83 84 Zip Code City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Addition TITLE 11 TITLE Change SUBERMAN, IRWIN 1.2 NAME NAME STREET ADDRESS 4036 ANCHOR WAY 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1.4 CITY-ST-ZIP ☐ DELETE Addition 2.1 TITLE TITLE SUBERMAN, ALEC NAME 22 NAME 1147 DELRIDGE AVE. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIF 2.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 3.1 TITLE ☐ Change SUBERMAN, LEE 3.2 NAME 4168 PLAYER CIR 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE NAME SUBERMAN, RONALD 4 2 NAME STREET ADDRESS 111 COVE COLONY ROAD 4.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP ** 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-7(P

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, with all other like empowered

STREET ADDRESS

C/TY-ST-ZIP

407-293-8217 Daytime Phone #

CR2E034 (11/98)