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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 436032 (7)

1. Corporation Name
RUBIN DEVELOPMENT CORPORATION

Principal Place of Business

15201 ROSEVELT BLVD
SUITE 112
CLEARWATER FL 34620

Mailing Address

15201 ROSEVELT BLVD
SUITE 112
CLEARWATER FL 34620-3559

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

9. Name and Address of Current Registered Agent

RUBIN, LESLIE A.
1600 GULF BLVD., #1111
CLEARWATER FL 34630

3. Date Incorporated or Qualified

09/13/1973

3a. Date of Last Report

04/23/1996

4. FEI Number

59-1514068

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

RUBIN, LESLIE A.

82 Street Address (P.O. Box Number is Not Acceptable)

3026 OAKMONT DRIVE

83

84 City

CLEARWATER

FL

85 Zip Code

34621

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. ADDRESS CHANGE ONLY

SIGNATURE *Leslie A. Rubin*

LESLIE A. RUBIN

1-7-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUBIN, LESLIE A.
STREET ADDRESS 1600 GULF BLVD., #1111
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Leslie A. Rubin* 1-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-530-0021

Daytime Phone #

CR2E034 (9/96)