

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 511844 (3)

1. Corporation Name
RUBELL CORPORATION



Principal Place of Business 1665 PALM BEACH LAKES BLVD. THE FORUM MIDDLE TOWER P.H. SUITE 1003 WEST PALM BEACH FL 33401 US	Mailing Address THE FORUM MIDDLE TOWER P.H. SUITE 1003 1665 PALM BEACH LAKES BLVD W PALM BCH FL 33401-2226 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1400 Centrepark Blvd Suite, Apt. #, etc. 22 Suite 700 City & State 23 West Palm Beach, FL Zip 24 33401	2a. Mailing Address 26 3724 GreenTree Dr. Suite, Apt. #, etc. 27 City & State 28 Wantageh, NY Zip 29 11793 Country 30 USA
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3. Date Incorporated or Qualified 08/31/1976	4. FEI Number 59-1809029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHALLOWAY, C M 1665 PALM BCH LAKES BLVD STE 1003 W PALM BCH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLER, JEFFREY D.	1.2 NAME	
STREET ADDRESS	3724 GREENTREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WANTAGH NY	1.4 CITY-ST-ZIP	ZIP: 11793
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLER, SUSAN	2.2 NAME	
STREET ADDRESS	3724 GREENTREE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WANTAGH NY	2.4 CITY-ST-ZIP	ZIP: 11793
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *[Signature]* **JEFFREY D. BELLER** **5/11/98 (516) 488-2822 x: 238**

CR2E034 (10/97)