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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

640133

(5)

% THE RUBIN ORGANIZATION. INC.

200 SOUTH BROAD STREET

SGPV, INC.

Principal Place of Business

200 S. BROAD ST., 3RD FLOOR PHILADELPHIA PA 19102

Mailing Address

FILED

Mar 10 1997 8:00am

Secretary of State

		CHILAUELPHA	רא ושועביטטעט						
						3. Date Incorporated or Qualified 08/02/1979		e of Last R 18/1996	
2. Principal Place of Business 2a. Mailing Address			ess			4. FEI Number		A	oplied For
21		26							ot Applicable
Suite, Apt	I#, etc	Suite, Apt. 4	Suite, Apt. #, etc.			5. Certificate of Status Desired	red Sa.75 Additional Fee Required		
City & Sta	do	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	ip Country Zip		Country			8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29			30	30		Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered A	gent	
	LANTON, EDWIN F			81	Name				
825 THOMASVILLE ROAD TALLAHASSEE FL 32303				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City			85 Zip	Code
				1-,	J.,		FL		2000
12.	Signature typed or printed name of registered OFFICERS A	agon: and title if applicable	(NOTE: Registe		ent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND I	DIBECTO	RS IN 12
TOLE	CD			TITLE		71007710707071717000 70 077		☐ Change	Additio
NAME	STRAUS, JOSEPH, JR.		1.2	NAME			_		
STREET ADDRESS	2005 BROAD ST., 3RD FLO	OOR	1.3	STREET	ADDRESS				
CHY-ST-ZII	PHILADELPHIA PA		1.4	CITY-S	T-ZIP				
TOTALE	P] [_]	DELETE 2.1	TITLE				Change	Additio
NAME	SWITZENBAUM, SAMUEL I		2.2	NAME					
STREET ADORESS		OOR	2.3	STREET	ADDRESS				
CHTY-ST-ZIP	PHILADELPHIA PA			CITY-	ST-ZIP				
THLE		[]	DELETE 31	TITLE				Change	Additio
NAME			3.2	NAME					
STREET ADORESS	ş 		3.3	STREET	ADDRESS				
CITY ST-ZIF				. CITY-:	ST - ZIP	***************************************			
TITLE			DELETE 4,1	TITLE			Ţ	Change	Additio
NAME			4.2	2 NAME					
STREET ADDRESS	; 		4.3	STREET	ADDRESS				
CHY-SI-Z@				CITY-S	:T-2IP				
TITLE			DELETE 5.1	TITLE	. [Change	Additio
NAME			5.2	NAME					
STREET ADORESS	s 		5.3	STREET	ADDRESS				

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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

6 1 TITLE

SIGNATURE

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OF SHECTOR

DELETE

3/26/97 (2/5) 875-0/35

Addition