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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742094** (6)

1. Corporation Name

THE HOUSING FINANCE CORPORATION OF FORT LAUDERDALE, FLORIDA, INC.

Principal Place of Business

**920 PROVIDENCE RD.
TOWSON MD 21286**

Mailing Address

**THE RUBINO GROUP
920 PROVIDENCE DR
TOWSON MD 21286
US**

3. Date Incorporated or Qualified

03/28/1978

4. FEI Number

52-1553621

Applied For

Not Applicable

2. Principal Place of Business

21 WATERWAY COURT

2a. Mailing Address

26 WATERWAY COURT

Suite, Apt. #, etc.

3C

Suite, Apt. #, etc.

3C

City & State

TOWSON, MD

City & State

TOWSON, MD

Zip

21286

Country

U.S.

Zip

21286

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FT. LAUDERDALE FL 33310**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME **PD
RUBINO, ANTHONY P.**
STREET ADDRESS **920 PROVIDENCE ROAD**
CITY-ST-ZIP **TOWSON MD**

TITLE ☐ DELETE

NAME **VPD
RUBINO, LOIS E.**
STREET ADDRESS **920 PROVIDENCE ROAD**
CITY-ST-ZIP **TOWSON MD**

TITLE ☐ DELETE

NAME **TD
RUBINO, ANTHONY P.**
STREET ADDRESS **920 PROVIDENCE ROAD**
CITY-ST-ZIP **TOWSON MD**

TITLE ☐ DELETE

NAME **SD
RUBINO, ROBERT M.**
STREET ADDRESS **920 PROVIDENCE ROAD**
CITY-ST-ZIP **TOWSON MD**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PD
RUBINO, ANTHONY P.**
STREET ADDRESS **2 WATERWAY COURT APT 3C**
CITY-ST-ZIP **TOWSON, MD 21286**

2.1 TITLE ☒ Change ☐ Addition

NAME **VPD
RUBINO, LOIS E.**
STREET ADDRESS **2 WATERWAY COURT APT 3C**
CITY-ST-ZIP **TOWSON, MD 21286**

3.1 TITLE ☒ Change ☐ Addition

NAME **TD
RUBINO, ANTHONY P.**
STREET ADDRESS **2 WATERWAY COURT APT 3C**
CITY-ST-ZIP **TOWSON, MD 21286**

4.1 TITLE ☒ Change ☐ Addition

NAME **SD
RUBINO, ROBERT M.**
STREET ADDRESS **2 WATERWAY COURT APT 3C**
CITY-ST-ZIP **TOWSON, MD 21286**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ANTHONY P. RUBINO**
Signature Required

1/16/98

#10 321 5858

CR2E037 (10/97)