

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753811** (9)

1. Corporation Name
THE RUBICON FOUNDATION INCORPORATED

Principal Place of Business	Mailing Address		
445 N. CLARA C/O HARRY D. GARBER DELAND FL 32720	445 N. CLARA C/O HARRY D. GARBER DELAND FL 32720		
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	Country	Zip	Country
24 25	29	30	
9. Name and Address of Current Registered Agent			
GARBER, HARRY D. 445 N. CLARA DELAND FL 32720			
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				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GARBER, HARRY D JR		1.2 NAME	
	445 N CLARA		1.3 STREET ADDRESS	
	DELAND, FLORIDA 00000		1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GARBER, BARBARA J		2.2 NAME	
	445 N CLARA		2.3 STREET ADDRESS	
	DELAND, FLORIDA 00000		2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GARBER, GIGI ANN		3.2 NAME	
	445 N CLARA		3.3 STREET ADDRESS	
	DELAND, FLORIDA 00000		3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME	
			4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME	
			5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *HARRY D GARBER JR.*

FILED
Apr 22 1998 8:00am
Secretary of State



CR2E037 (10/97)

04.09.98 904.736.3851