


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

04-09-1999 90025 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 753811					
1. Corporation Name THE RUBICON FOUNDATION INCORPORATED					
Principal Place of Business 445 N. CLARA C/O HARRY D. GARBER DELAND FL 32720			Mailing Address 445 N. CLARA C/O HARRY D. GARBER DELAND FL 32720		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/18/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2929162	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARBER, HARRY D. 445 N. CLARA DELAND FL 32720				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				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
2.1 TITLE				2.2 NAME			
2.2 NAME				2.3 STREET ADDRESS			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
2.4 CITY-ST-ZIP				3.1 TITLE			
3.1 TITLE				3.2 NAME			
3.2 NAME				3.3 STREET ADDRESS			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
3.4 CITY-ST-ZIP				4.1 TITLE			
4.1 TITLE				4.2 NAME			
4.2 NAME				4.3 STREET ADDRESS			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
4.4 CITY-ST-ZIP				5.1 TITLE			
5.1 TITLE				5.2 NAME			
5.2 NAME				5.3 STREET ADDRESS			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
5.4 CITY-ST-ZIP				6.1 TITLE			
6.1 TITLE				6.2 NAME			
6.2 NAME				6.3 STREET ADDRESS			
6.3 STREET ADDRESS				6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
PRESIDENT/DIRECTOR

Date

Daytime Phone #

04.02.99 736.3851

CR2E037 (1/1/98)