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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F27422** 

RUBY'S BY THE SEA. INC.

Principal Place of Business Mailing Address 2604 N. OCEAN BLVD. 2604 N. OCEAN BLVD. POMPANO BEACH FL 33082 POMPANO BEACH FL 33062-2943 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 03/30/1981 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2151734 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees  $Z_0$ Country Zip Country 8. This corporation has liability for intangible tax inder s. 199.032, 25 Yes No. 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PINO. RUBEN P 2604 NORTH OCEAN BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, Ft. 33062 83 84 City Zip Code 85 17.1502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or register a agent, or both, in agent, it am familiar with, ind access SIGNATURE rechargers and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE 1.1 TOLE ☐ Change Addition MILE PINO. RUBEN P 1.2 NAME NAME: 2604 NORTH OCEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH, FL 33062 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-\$1-28 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE HILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME

6.4 CITY - ST - ZIP 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 adjust report or supplied 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 Blog In attachment with an address.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-2IP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - \$1 - 21P

CHTY - ST - ZP

STAFE LADORESS CITY-ST 205

Tillé

NAME STREET ADDRESS

THEF

NAME

建重点相构体的 DNAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Daytime Phone #

Date

FILED

May 16 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

96/6) CR2E034