FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000906 (9)**

1. Corporation Name

RUG PROPERTIES CORP.

Principal Place of Business	Mailing Address
% JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445	% JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **12/10/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **88-0260428** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	LEFKOVITZ, IRVING D		1.2 NAME		
STREET ADDRESS	801 SKOKIE BLVD., #106		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		1.4 CITY-ST-ZIP	60062	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	SCHWARTZBERG, ALBERT		2.2 NAME		
STREET ADDRESS	152 W. 57TH ST, 7TH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	10019	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	NESHEK, THOMAS		3.2 NAME		
STREET ADDRESS	14 E. WALWORTH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ELKHORN WI		3.4 CITY-ST-ZIP	53121	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☑ Addition
NAME	FELNER, JEFFREY		4.2 NAME		
STREET ADDRESS	625 AUBURN CIRCLE WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	33444	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, ROBERT U		5.2 NAME		
STREET ADDRESS	600 CENTRAL AVE., #365		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE	400001769084 -04/04/96--01030--021 ***200.00	☐ Change ☐ Addition
NAME	WAGNER, SUSAN		6.2 NAME		
STREET ADDRESS	600 CENTRAL AVE., #365		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 3-15-96 : (847)432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-4-96