


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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90039 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000906

1. Corporation Name
RUG PROPERTIES CORP.



Principal Place of Business % JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445	Mailing Address % JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1992	
4. FEI Number 88-0260428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business 21 600 Central Avenue Suite, Apt. #, etc. 22 Suite 365 City & State 23 Highland Park, IL Zip Country 24 60035 - 25 USA	2a. Mailing Address 26 600 Central Avenue Suite, Apt. #, etc. 27 Suite 365 City & State 28 Highland Park, IL Zip Country 29 60035 30 USA

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 Jay Felner 82 Street Address (P.O. Box Number is Not Acceptable) 4182 Live Oak Boulevard 83 84 City Delray Beach FL 85 Zip Code 33445
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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 607.0595, Florida Statutes.

SIGNATURE **Jay Felner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKOVITZ, EDWIN	1.2 NAME	
STREET ADDRESS	26720 COUNTRY SIDE LAKE	1.3 STREET ADDRESS	34500 Fox Ridge Drive
CITY-ST-ZIP	MUNDELEIN IL 60060	1.4 CITY-ST-ZIP	Evergreen, CO 80439
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZBERG, ALBERT	2.2 NAME	
STREET ADDRESS	50 MAIN STREET SUITE 435	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10606	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESHEK, THOMAS	3.2 NAME	
STREET ADDRESS	14 E. WALWORTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHORN WI 53121	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELNER, JEFFREY	4.2 NAME	
STREET ADDRESS	625 AUBURN CIRCLE WEST	4.3 STREET ADDRESS	4236 Pine Hollow Circle
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	Green Acres, Florida 33463
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 607, 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: **Susan Wagner** **TREASURER/DIRECTOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 1999 (847) 432-3666
Date Daytime Phone #

CR2E034 (1/98)

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