SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H04674 (8) RONALD RUBENSTEIN, INC. Principal Place of Business Mailing Address 10951 NW 3 COURT 10951 NW 3 COURT **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1984 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2436689 Suite, Apt #, etc Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LIPNACK, MARTIN I., ESQ. 81 Name 7880 WEST OAKLAND PARK BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 FT. LAUDERDALE FL 33321 84 City 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistating) (DA's 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE (3/96)DELETE 1.1 TUILE Change Addition NAME RUBENSTEIN, RONALD 1.2 NAME STREET ADDRESS 10951 N.W. 3 COURT CR2E034 1.3 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CiTY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SF-ZIP 54 CITY - ST - ZIP TITLE DELETE 61 TITLE \_\_\_\_ Change \_\_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(k). Florida Statutes 1 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 64 CHTY - ST- ZIP PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/3/96 954-751-5017 SIGNATURE: //