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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H22529

(2)

REUBENLEE CORPORATION

Principal Place of Business	Mailing Address
12090 METRO PARKWAY	12090 METRO PARKWAY
FT. MYERS FL 33919	FT. MYERS FL 33919
IIS.	IIŜ

FILED Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1984 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2497850 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AYOUB, THOMAS W. 9812 CUDDY CT 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33919 83 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 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE AYOUB, THOMAS W. NAME 1.2 NAME 9812 CUDDY CT STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE AYOUB, JAMES D. NAME 22 NAME LAUREL GROVE STREET ADDRESS 2.3 STREET ADDRESS BLOWING ROCK N. CITY-S1-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE ayoub, debra K. NAME 3.2 NAME 9812 CUDDY CT STREET ADDRESS 3.3 STREET ADDRESS FORT MYERS FL CITY - ST - ZIP 3.4. CITY+ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 panged, or on an attachment with an address.

SIGNATURE:

3-31-98 941-768-6393