

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 # H87333 (1)

1. Corporation Name

RUBIN & RUBIN, A PROFESSIONAL ASSOCIATION OF ATTORNEYS



Principal Place of Business

Mailing Address

C/O I. MARK RUBIN
333 NE 23RD STREET
MIAMI FL 33137-4926

C/O I. MARK RUBIN
~~333 NE 23RD STREET~~
~~MIAMI FL 33137-4926~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2107 Hendricks Ave

22 City & State

27 96 Rubin & Rubin, P.A.
Jacksonville, FL

23 Zip

24 Country

28 Zip

29 Country

25

26

30

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, I. MARK
~~333 NE 23RD ST.~~
~~MIAMI FL 33137~~

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83 2107 Hendricks Ave.
96 Rubin & Rubin, P.A.

84 City

Jacksonville

FL

85

32207

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 acknowledge the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
RUBIN, I. MARK
333 NE 23RD ST.
MIAMI FL
[Delete]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
RUBIN, ELLIS S.
333 NE 23RD ST.
MIAMI FL 33137
[Delete]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Delete]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Delete]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Delete]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[Delete]

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
2107 Hendricks Ave.
Jacksonville, FL 32207
[Change] [Addition]

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
[Change] [Addition]

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
[Change] [Addition]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
[Change] [Addition]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
[Change] [Addition]

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. 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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date (no Phone)

CR2E034 (12/95)