

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H98954** (1)

1. Corporation Name  
**RUF & REGISTER, P.A.**

Principal Place of Business <b>2455 EAST SUNRISE BOULEVARD PENTHOUSE EAST FORT LAUDERDALE FL 33304</b>	Mailing Address <b>2455 EAST SUNRISE BOULEVARD PENTHOUSE EAST FORT LAUDERDALE FL 33304-3118</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/12/1986</b>	3a. Date of Last Report <b>05/21/1996</b>
				4. FEI Number <b>59-2633777</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>RUF, ALAN FRANCIS C/O RUF &amp; REGISTER, PA 2455 E. SUNRISE BLVD., PH-E FT. LAUDERDALE FL 33304</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PVDS</b>	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUF, ALAN FRANCIS</b>		12 NAME				
STREET ADDRESS	<b>2455 E SUNRISE BLVD PH-E</b>		13 STREET ADDRESS				
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>		14 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22 NAME				
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP			24 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do 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.

SIGNATURE: **Alan Francis RUF**  **4-28-97 (954) 561-2230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)