

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
SHELL B. MATHIAS  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J66952**

**(9)**

1. Corporation Name

**ANNE RUBEN A.S.I.D., INC.**



Principal Place of Business

**C/O ANNE RUBEN  
20100 BOCA WEST DRIVE  
BOCA RATON FL 33434-5237**

Mailing Address

**C/O ANNE RUBEN  
20100 BOCA WEST DRIVE  
BOCA RATON FL 33434-5237**

2. Principal Place of Business

2a. Mailing Address

21	Sub-Appr. No.	26	Sub-Appr. No.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

g. Name and Address of Current Registered Agent

**RUBEN, ANNE  
20100 BOCA WEST DRIVE  
BOCA RATON FL**

3. Date Incorporated or Created	3a. Date of Last Report
<b>04/02/1987</b>	<b>01/25/1995</b>
4. FEI Number	Applied For
<b>59-2841490</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.060, and 607.1908, 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 607.1909, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1	NAME	13-1	NAME
12-2	STREET ADDRESS	13-2	STREET ADDRESS
12-3	CITY, STATE, ZIP	13-3	CITY, STATE, ZIP
12-4	NAME	13-4	NAME
12-5	STREET ADDRESS	13-5	STREET ADDRESS
12-6	CITY, STATE, ZIP	13-6	CITY, STATE, ZIP
12-7	NAME	13-7	NAME
12-8	STREET ADDRESS	13-8	STREET ADDRESS
12-9	CITY, STATE, ZIP	13-9	CITY, STATE, ZIP
12-10	NAME	13-10	NAME
12-11	STREET ADDRESS	13-11	STREET ADDRESS
12-12	CITY, STATE, ZIP	13-12	CITY, STATE, ZIP
12-13	NAME	13-13	NAME
12-14	STREET ADDRESS	13-14	STREET ADDRESS
12-15	CITY, STATE, ZIP	13-15	CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this corporation's supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report, or on an appointment with an address.

SIGNATURE: *Robert S. Ruben* **ROBERT S. RUBEN** 1/17/96 (401) 483-7845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)