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PROFIT CORPORATION ANNUAL REPORT ...

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J66952

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

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90068 003 ***150.00



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				,		1	rporated or Qualife	ed		
						04/02/1				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Numb				oplied For
21 26						59-284	1490			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					•	5. Certifcate	of Status Desired		•	Additional
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City & State City & State							Campaign Financin	g 🗆		May Be
23 28			Coun	tn.			d Contribution			to Fees
			30	u y		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ► No				
24	9. Name and Address of Current		1301				d Address of Nev	v Registere		
	200	Trogramme Agont		31 1	Name	10. 110		, vegiotoro	<u> </u>	
RUBEN, ANNE.			L	_						
	BOCA WEST DRIVE] [32 5	Street Addres	ss (P.O. Box No	umber is Not Acce	ptable)		ļ
BOCA	RATON FL		1	33			<u> </u>		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.84 7(8) [[8]
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			} 8	34 (City			. =	85 Zip	Code
11 Pursuant to	the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	es the abo	 ve-n	amed cornor			ne purnose e	of changing its	registered
office or rec	distered agent or both in the State of	of Florida. Such change was a	utborized i	ov the	e corporation	's board of dire	ctors. I hereby acc	ept the app	ointment as re	gistered
	familiar with, and accept the obligation	ions of, Section 607.0505, Fio	riga Statut	es.						l
SIGNATURE	The state of the s									
		and title if applicable. (NOTE:	Registered A	gent sic	gnature required w	hen reinstating)	- '	DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		Registered A	gent siç	gnature required w	hen reinstating)	S/CHANGES TO (AND DIRECTO	ORS IN 12
12.	Ignature, typed or printed name of registered agent				gnature required w	ADDITION	S/CHANGES TO C		AND DIRECTO	DRS IN 12
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I 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, with all other like empowered.

(561) 483-7845