

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 # **K54610** (6)

1. Corporation Name

BIG RUBY'S OF FORT LAUDERDALE, INC.



Principal Place of Business

**908 N.E. 15TH AVENUE
FORT LAUDERDALE FL 33304**

Mailing Address

**908 N.E. 15TH AVENUE
FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified

12/28/1988

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2582602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**ELLIOTT, DEREK
908 N.E. 15TH AVENUE
FORT LAUDERDALE FL 33304**

81 Name

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

83

84 City

FL

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 607.0502, Florida Statutes.

SIGNATURE

Derek Elliott

Signature of Registered Agent (signature required when filing change)

DATE

8/6/96

12. OFFICERS AND DIRECTORS

TITLE
NAME

P

SMALLCORN, ROBERT

STREET ADDRESS

2835 NE 6TH ST.

CITY- ST- ZIP

FT. LAUDERDALE FL 33304

☐ DELETE

TITLE
NAME

S

ELLIOTT, DEREK

STREET ADDRESS

908 NE 15TH AVE.

CITY- ST- ZIP

FT. LAUDERDALE FL 33304

☐ 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

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

Derek Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Derek Elliott

DATE

8/6/96 954 523 7829
Digitally signed by

CR2E034 (12/95)