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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** SFIC CO. Mailing Address Principal Place of Business % MITCHELL RUBENSTEIN **% MITCHELL RUBENSTEIN** 2255 GLADES RD., SUITE 237W 2255 GLADES RD., SUITE 237W BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1989 04/12/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0156680 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Fiorida Statutes
 Yes ☐ No Country Country Zin 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) RUBENSTEIN, MITCHELL 82 2255 GLADES RD 83 SUITE 237W **BOCA RATON FL 33431** 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. HAC SIGNATURE Styriature, typed or per bot having of redistricting is that the inapply and (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 HFLF TITLE CR2E034 NAME RUBENSTEIN, MITCHELL 1.2 NAME 2255 GLADES RD., #237W 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 14 CHY ST 7P CHY-ST-ZP ☐ Addition DELETE Change 2.130TE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY - ST- ZIP CITY-ST 2IP DELETE ☐ Change Addition 3 1 11111.8 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CitY - St - 7iP CITY - S1 - ZIP ☐ Change Addition DELETE 4 : TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - 26° CITY-S1-ZIP ☐ Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City | \$1 - ZiP CITY-ST-ZIP Change ■ Addition DELFTE 6 1 Tillse TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 Cify - \$1 - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 logal effect as if made under cath; 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

Mitall Rulation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL LUBENITEIN, SEE WENT

4/20/96 407.998-1000