FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:06

DOCUMENT # L57931 (2)

1. Corporation Name
RUBY DEVELOPERS, INC.

Principal Place of Business	Mailing Address
% BRUCE J. BRESSLER 9300 THURLOE PL. ORLANDO FL 32827	% BRUCE J. BRESSLER 9300 THURLOE PL. ORLANDO FL 32827

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21: 9656 BRYANSTON DR
2a. Mailing Address — 26: 9656 BRYANSTON DR

4. FEI Number: 59-3002450 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23: ORLANDO FL
City & State — 28: ORLANDO FL

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24: 32827
Country — 25: USA
Zip — 29: 32827
Country — 30: USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRESSLER, BRUCE J.
9300 THURLOE PL.
ORLANDO FL 32827

10. Name and Address of New Registered Agent

81 Name: BRUCE BRESSLER
82 Street Address (P.O. Box Number is Not Acceptable): 9656 BRYANSTON DR.
83:
84 City: ORLANDO FL 85 Zip Code: 32827

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRESSLER, BRUCE J.	1.2 NAME	BRUCE BRESSLER	
STREET ADDRESS	9300 THURLOE PL.	1.3 STREET ADDRESS	9656 BRYANSTON DR	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FOJO, FRANK R.	2.2 NAME	FOJO, FRANK R	
STREET ADDRESS	1351 RICHMOND RD.	2.3 STREET ADDRESS	1601 GRANGE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	LONGWOOD FL. 32750	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, BERNARD S.	3.2 NAME		
STREET ADDRESS	11000 MONFERO ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BAHADOORSINGH, SABRA	4.2 NAME		
STREET ADDRESS	1150 COUNTRY CLUB RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WARSAW IN	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	S	☒ Change ☐ Addition
NAME	BRESSLER, PHILIP	5.2 NAME	BRESSLER, PHILIP	
STREET ADDRESS	9300 THURLOE PL.	5.3 STREET ADDRESS	2300 WASSUM TR	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	T	6.1 TITLE	T	☒ Change ☐ Addition
NAME	FOJO, DAVID	6.2 NAME	FOJO, DAVID	
STREET ADDRESS	1351 RICHMOND RD.	6.3 STREET ADDRESS	1601 GRANGE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	LONGWOOD FL 32750	

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)(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: BBressler PHILIP BRESSLER 1-25-95 (407)359-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064047 CP