

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L57931 (2)

1. Corporation Name

RUBY DEVELOPERS, INC.



Principal Place of Business

Mailing Address

9656 BRYANSTON DR
ORLANDO FL 32827
US

9656 BRYANSTON DR
ORLANDO FL 32827
US

3. Date Incorporated or Qualified

03/14/1990

3a. Date of Last Report

01/31/1995

4. FEI Number

59-3002450

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

2. Principal Place of Business

2a. Mailing Address

21 9656 BRYANSTON DR

26 9656 BRYANSTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32827

25 USA

29 32827

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRESSLER, BRUCE
9656 BRYANSTON DR
ORLANDO FL 32827

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
BRESSLER, BRUCE J.
STREET ADDRESS
9656 BRYANSTON DR
CITY-STATE-ZIP
ORLANDO FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
FOJO, FRANK R.
STREET ADDRESS
1601 GRANGE CIRCLE
CITY-STATE-ZIP
LONGWOOD FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
LUDWIG, BERNARD S.
STREET ADDRESS
11000 MONFERO ST.
CITY-STATE-ZIP
CORAL GABLES FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
BAHADOORSINGH, SABRA
STREET ADDRESS
1150 COUNTRY CLUB RD.
CITY-STATE-ZIP
WARSAW IN

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
BRESSLER, PHILIP
STREET ADDRESS
2300 WASSUM TR
CITY-STATE-ZIP
CHULUOTA FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
FOJO, DAVID
STREET ADDRESS
1601 GRANGE CIRCLE
CITY-STATE-ZIP
LONGWOOD FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

(407) 359-1862.

Date

Daytime Phone #

CR2E034 (12/95)