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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L57931

(2)

1. Corporation Name

RUBY DEVELOPERS, INC.



Principal Place of Business

9656 BRYANSTON DRIVE
ORLANDO FL 32827
US

Mailing Address

8656 BRYANSTON DRIVE
ORLANDO FL 32827
US

3. Date Incorporated or Qualified

03/14/1990

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

9656 BRYANSTON DR

27

Suite, Apt. #, etc.

28

ORLANDO FL

29

32827

Country

30 USA

4. FEI Number

59-3002450

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BRESSLER, BRUCE
9656 BRYANSTON DR
ORLANDO FL 32827

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

NAME LUDWIG, BERNARD S
STREET ADDRESS 17699 LAKE ESTATES DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE T ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0516005

CR2E034 (9/96)