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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 MAR 28 PM 1:44

DOCUMENT # **M65138** **(3)**

1. Corporation Name
RUXAN, INC.

Principal Place of Business	Mailing Address
4362 NORTHLAKE BLVD STE 202 PALM BCH GDNS FL 33410 US	4362 NORTHLAKE BLVD STE 202 PALM BCH GDNS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Robert Brody, Esq.	26 c/o Robert Brody, Esq.
Suite, Apt. #, etc. 22 4362 Northlake Blvd. 202	Suite, Apt. #, etc. 27 4362 Northlake Blvd. 202
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip: 24 33410 Country: 25 US	Zip: 29 33410 Country: 30 USA

4. FEI Number: 58-1774505 ☐ 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	10. Name and Address of New Registered Agent
BRODY, ROBERT - ESQ. 4362 NORTHLAKE BLVD STE 202 PALM BCH GDNS FL 33410	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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FROMER, ROBERT L.	12 NAME	
STREET ADDRESS	30 LIGHTHOUSE RD.	13 STREET ADDRESS	
CITY ST ZIP	KINGS PT NY	14 CITY ST ZIP	
TITLE	DVST	21 TITLE	☐ Change ☐ Addition
NAME	FROMER, ANN R.	22 NAME	
STREET ADDRESS	30 LIGHTHOUSE RD.	23 STREET ADDRESS	
CITY ST ZIP	KINGS PT NY	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	FROMER, TONY	32 NAME	
STREET ADDRESS	5 POND RD.	33 STREET ADDRESS	
CITY ST ZIP	KINGS POINT NY	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is accurately transcribed 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 above, or on an attachment with an address.

SIGNATURE: Robert Fromer Robert Fromer 3/24/95 212-753-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230020 CP