SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON QR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #** P94000081130 (4) RUBINO, INC. Principal Place of Business Mailing Address 450 S. OLD DIXIE HIGHWAY 450 S. OLD DIXIE HIGHWAY

FILED Sep 17 1998 8:00am Secretary of State



SUITE 6 JUPITER FL 33	458	SUITE 6 JUPITER FL 33458				DO NOT WRITE IN THIS	S PA(Œ
						3. Date Incorporated or Qualified		
						11/04/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 26						65-0552605	[Not Applicab
Suite, Apt. #, etc.		Sulte, Apt. #, etc.				5. Certificate of Status Desired	, -	.75 Additional ee Required
City & Stat	e	City & State				6. Election Campaign Financing	\$	5.00 May Be
23		28				Trust Fund Contribution	•	dded to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the curr	ent ye	ar I <u>nta</u> ngible
24	25	29	30			Personal Property Tax due June 30.	Yes	
	9. Name and Address of Curren	it Registered Agent		آفما		10. Name and Address of New Registered	gent	·· · ····
RUB	INO, ROBERT			81	Name			
450 S. OLD DIXIE HIGHWAY			ŀ	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 6				, , ,				
JUP	ITER F L 33458			83				
			}	84	City		85	Zip Code
			İ	_)	FL	65	2.p 0000
office or	to the provisions of sections 607.0503 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized	hv	the corporati	pration submits this statement for the purpose of chi ion's board of directors. I hereby accept the appoin	anging Itmen') its registered i as registered
SIGNATURE								
	Signature, typed or printed name of registered ager			ed Aç	pent signatura req	uired when reinstating) DATE	===	
12.	D OFFICERS AN	D DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS AN	_	
	Ru b ino, robert	DELETE				į.	C+	nange Additio
NAME		٥	1.2 NA					
STREET ADDRESS	450 S. OLD DIXIE HWY SUITE	0			ADDRESS			
CITY-ST-ZIP	JUPITER FL D		1,4 CIT		ZIP			
TITLE		DELETE	2.1 TiTs			ι	나아	ange Addition
NAME	RUBINO, KATHLEEN	^	2.2 NA				A	
STREET ADDRESS	450 S. OLD DIXIE HWY SUITE	r r	T.		ADDRESS			
CITY-ST-ZIP	JUPITER FL		2.4 CIT		ZIP		_	
TITLE	D	DELETE	3.1 TITL			ι	CF	ange 🔲 Additio
NAME	WENGEL, IRENE	•	3.2 NA					
STREET ADDRESS	450 S. OLD DIXIE HWY SUITE	Q			ADDRESS			
CITY-ST-ZIP	JUPITER FL		3.4 CIT		ZIP		_	
TITLE		L DELETE	4.1 TITL			L	Ch	ange Additio
NAME			4.2 NAN					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CIT		ZIP	· · · · · · · · · · · · · · · · · · ·	-	
TITLE		DELETE	5.1 TITL		-	Į	Ch	ange Additio
NAME			5.2 NAM		[
STREET ADDRESS			5.3 STR	EET/	ADDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP			
TITLE		DELETE	6.1 TITL	.E		[_ Ch	ange 🔲 Additio
NAME			6.2 NAN	Æ				
STREET ADDRESS			6.3 STR	EET/	ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-	-ZIP			

14. I 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 supplied enter annual report is too 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 of 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.