

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086159 (7)

1. Corporation Name

RUFF KARS INC.



Principal Place of Business

Mailing Address

1101 CRYSTAL LAKE DRIVE
SUITE 605
POMPANO FL 33064

1101 CRYSTAL LAKE DRIVE
SUITE 605
POMPANO FL 33064

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

81 Name

STEVE RUFF

82

Street Address (P.O. Box Number is Not Acceptable)

901668 N. MILITARY TRAIL

83

84

City

W. PALM BEACH

FL

85

Zip Code

33409

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 (mark of registered agent and title, if applicable)

(Mark of Registered Agent required when reinstating)

DATE

7-08-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUFF, STEVE
% 1101 CRYSTAL LAKE DRIVE #605
POMPANO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

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 617, 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

Signature Filing #

7-08-96 561-6897143

CR2E034 (3/96)