

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000035551 (6)

1. Corporation Name

RUBY T'S, INC.

FILED
May 14 1997 8:00am
Secretary of State



Principal Place of Business 3020 57TH STREET SOUTH GULFPORT FL 33707	Mailing Address 3020 57TH STREET SOUTH GULFPORT FL 33707-5707
2. Principal Place of Business 21 1508 51 ST. SO. Suite, Apt. #, etc.	2a. Mailing Address 26 3020 57 ST. SO. Suite, Apt. #, etc.
22 City & State 23 GULFPORT, FL. Zip 33707	27 City & State 28 GULFPORT, FL. Zip 33707
24 Country USA	29 33707 30 USA

3. Date Incorporated or Qualified
04/22/1996

3a. Date of Last Report

4. FEI Number
59-337-9639

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
 Yes No

8. Name and Address of Current Registered Agent

SIGMAN, THOMAS F
3020 57TH STREET SOUTH
GULFPORT FL 33707

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 NAME STREET ADDRESS CITY-ST-ZIP	P SIGMAN, THOMAS 3020 57TH STREET SOUTH GULFPORT FL 33707	1. NAME 1. NAME 1. STREET ADDRESS 1. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HABERSTICK, MICHAEL 3020 57TH STREET SOUTH GULFPORT FL 33707	2. NAME 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3. NAME 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4. NAME 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5. NAME 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6. NAME 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 file 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: *Thomas B. Sigman* / THOMAS SIGMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-97 (813) 387-0013

Date

Daytime Phone #

0376807

CR2E034 (9/96)