SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. APPROVE**D** AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). AND **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1990 AUG 24 AU II: 03 1998 DIVISION OF CORPORATIONS SECMENTAN OF STATE TALLABASSEF, FLORIDA DOCUMENT # P96000038197 (5) RUBY, INC. Principal Place of Business Mailing Address 124 NORTH DIXIE HIGHWAY 124 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Ruby inc. 65-0663220 Not Applicable 21 Sulte, Apt. #, etc. \$8.75 Additional Certificate of Status Desired PO BOX Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing West Palm Bch 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Ves No 2ip Country 33402 Country 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DESIMONE, GEORGE 105 WATERVIEW WAY 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 City 85 Zip Code 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 reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE NAME LAYSON, JAMES 1.2 NAME Scott Jaspen 23 Warren Road STREET ADDRESS 124 N. DIXIE HWY. 13 STREET ADDRESS Framington, MA 01701 **WEST PALM BEACH FL 33401** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE **DELETE** 2.1 TITLE CARMONA, CLAUDIO NAME 2.2 NAME

124 N. DIXIE HWY. 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 2.4 CITY-ST-ZIP 900002624 TITLE 3.1 TITLE DELETE -0102 NAME 3 2 NAME ****150.00 STRE T ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.5 TITLE TITL DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

5 CC 8 - 24-78

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 Statutés. 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.

CAN III Tames W. LAUSON Acr 3-98 561-1373-

CR2E034 (5/98)

Att. Division of Corporations

We respectfully request a Certificate

of Status to be sent to:

Turnes Layson pres. Ruby inc

P.O. BOX 1503

West Palm Bch. Fla. 33402

thank you Jans Lysum

* Please use Fed x envelope supplied

This motice was the first recient for our less filling. I personally tulked to Division of loops. And was told to send in \$15000 for fee of 825 for certification of Status.

Thunk Jun Janes Lysen