

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90262 001 ***150.00

DOCUMENT # P97000065945

1. Corporation Name RUBY LAKE REALTY COMPANY



Principal Place of Business 2430 VIA SIENNA WINTER PARK FL 32789 Mailing Address 2430 VIA SIENNA WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	431 E. Horatio Ave.	07/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 200	59-3471229	
City & State		City & State		Applied For	
23		28	Maitland FL	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	32751	30	U.S.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SULLIVAN, MICHAEL J 111 NORTH ORANGE AVENUE 20TH FLOOR ORLANDO FL 32801				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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	DPT <input type="checkbox"/> DELETE	1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUENANT, JEAN PIERRE	1.2 NAME	CUENANT, JEAN PIERRE
STREET ADDRESS	2430 VIA SIENNA	1.3 STREET ADDRESS	431 E. HORATIO AVE., SUITE 200
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S SULLIVAN, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MICHAEL	2.2 NAME	111 NORTH ORANGE AVENUE
STREET ADDRESS	2430 VIA SIENNA	2.3 STREET ADDRESS	20TH FLOOR
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: _____ DAYTIME PHONE #: _____

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CR2E034 (11/98)