## 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

## DOCUMENT # **P97000068581**1. Corporation Name

RUBICON, INC.

Principal Place of Business Mailing Address										. , 3 . 3
6625 SUPERIOR AVENUE 7350 REGINA ROYALE SARASOTA FL 34231 SARASOTA FL 34238 US								DO NOT WRITE IN	THIS SPACE	
							3.	Date Incorporated or Qualifed 08/06/1997		
Principal Place of Business     2a. Mailing Address							4.	FEI Number	A	oplied For
21 26								<u>65-0776232</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5	Certificate of Status Desired	¥	Additional
27							5. Certificate of Status Desired Fee Required			equired
City & State         City & State           23         28							6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country Zip Co				,		8. This corporation owes the current year Intangible			
24	25 29 30			<b>o</b>			Personal Property Tax. ☐ Yes ☐ No			□No
9. Name and Address of Current Registered Agent							10.	Name and Address of New Regist	ered Agent	
					Na	ame				
MILONAS, TASO M					St	root Addre	ess (P	2.O. Box Number is Not Acceptable)		
1515 RINGLING BLVD, STE 900					0.	out Addit	033 (1			e e e e e e e e e e e e e e e e e e e
SUITE 1100										
SARASOTA FL 34236				-					9.5	Code
				84	Ci	ty			FL 85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such cl	nange was auth	onzed by	the (	med corpo corporatio	oratior on's bo	n submits this statement for the purpoper of directors. I hereby accept the	se of changing its appointment as re	registered egistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					nt sign:	ature required				
12. OFFICERS AND DIRECTORS 13							,	ADDITIONS/CHANGES TO OFFICER		
TITLE	D		DELETE	1.1 TITLE					☐ Change	Addition
NAME	OLSEN, C. EDWARD			1.2 NAME		ļ				
STREET ADDRESS	7350 REGINA ROYALE 1			1.3 STREE	T ADDI	RESS				
CITY-ST-ZIP	SARASOTA FL 34238			1.4 CITY-S	T-ZIP					
TITLE			] DELETÉ	2.1 TITLE					☐ Change	☐ Addition
NAME				2.2 NAME						
STREET ADDRESS	2.3			2.3 STREET ADDRESS						
CITY-ST-ZIP	2.4			2.4 CITY-ST-ZIP						
TITLE	····		3.1 TITLE					☐ Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDA	RESS				
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP					
TITLE		T.	DELETE	4.1 TITLE					☐ Change	Addition

6.4 CITY-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 supplemental annual report is the end 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 or an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZiP

4.4 CiTY-ST-ZiP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

941-926-7298

☐ Change

☐ Change

☐ Addition

☐ Addition

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90033 045 \*\*\*150.00