

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90103 032 ***150.00

DOCUMENT # P98000027332

1. Corporation Name

RUCHMAN ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

21 MORRIS AVE
PO BOX 106, ROCKVILLE CENTRE
NEW YORK FL 11571

Mailing Address

21 MORRIS AVE
PO BOX 106, ROCKVILLE CENTRE
NEW YORK FL 11571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

13-4008535

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21. 1700 NORTH DIXIE HWY

Suite, Apt. #, etc.

22. SUITE 152

City & State

23. BOCA RATON FL

Zip

24. 33432

Country

25. PALM BEACH

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29.

Country

30.

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 registering)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ANDREW GERSTMAN
STREET ADDRESS 22585 MIDDLE TOWN DR.
CITY-ST-ZIP BOCA RATON, FL 33428-4715

TITLE ☐ DELETE

NAME MARCY RUCHMAN
STREET ADDRESS 19 CYRESS DR
CITY-ST-ZIP WOODBURY NY 11797

TITLE ☐ DELETE

NAME MERYL RUCHMAN
STREET ADDRESS 135 MIDDLEY DR
CITY-ST-ZIP HENLETT, NY 11557

TITLE ☐ DELETE

NAME N. STEPHEN RUCHMAN
STREET ADDRESS 135 MIDDLEY DR
CITY-ST-ZIP HENLETT, NY 11557

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

N. Stephen Ruchman
N. STEPHEN RUCHMAN

1/12/99

Date

5167648330

Daytime Phone #

CR2E034 (1/1/98)

0007168