# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 30 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # S 70135

1. Corporation Name

RUBE'S II, INC.

Principal Place of Business / Mailing Address

1350 B. OCEANSHORE BLVD.
ORMOND BEACH, FL. 32176

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 RUBE'S II, INC | 26 |
| Suite, Apt. #, etc. 22 1350 B. OCEANSHORE BLVD | Suite, Apt. #, etc. |
| City & State 23 ORMOND BEACH, FL | City & State 28 |
| Zip 24 32176 / County 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: AUG. 1, 1991
3a. Date of Last Report:
4. FEI Number: 59-3117416 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Audrey Rubnich
1701 MONTGOMERY AVE
Holly Hill, FLORIDA 32117

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 Audrey Rubnich on file X Audrey Rubnich DATE 5/12/95
(Signature, Typed or Printed Name of Registered Agent and Title, if Applicable) (Only the Registered Agent may sign when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | PRESIDENT / PATRICIA A. RUBNICH / 3804 W. YORKSHIRE AVE / PEORIA, IL 61615 — [X] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | V. PRESIDENT / AUDREY C. RUBNICH / 1701 MONTGOMERY AVE / HOLLY HILL FL 32117 — [X] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | TREASURER / KEVIN R. RUBNICH / 20 Clement Terr / QUINCY, MASS. 02127 — [X] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | SECRETARY / SEAN P. RUBNICH / 4 U. King Ct. / SO. BOSTON, MASS. 02127 — [X] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | [ ] Change [ ] Addition |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patricia A Rubnich PATRICIA A RUBNICH 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

Daytime Phone # 309 691-6937