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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V13628 (5) JOHN A. RUBERTO, JR., P.A.							
Principal Place	ncipal Place of Business Mailing Address				4 (AAN BINEDI INDDE EINE ENIGA (180	i fain dhail dhèis bibh bid	II GIBII BIGII IDBI
SUITE 419	RIVER DRIVE	915 MIDDLE RIVER DRIVE SUITE 419 FT. LAUDERDALE FL 33304		Date incorporated or Qualified	3a. Date of Last F	Poport	
03		US			02/12/1992	05/23/19	
***	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# elc	Suito Ant # oto	Suite, Apt. #, etc.		65-0310983		Not Applicable
2	n, 0to.	27 Soile, Apr. #, etc.	-1		5. Certificate of Status Desired		5 Additional Required
City & State	9	City & State			6. Election Campaign Financing		00 May Be
Zip	Country		Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,		
4	25 29		30		Florida Statutes Yes No		
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New R	egistered Agent	
DI INTO	TO 101111 4 10		81	Name			
	to, John a Jr DDLE River Drive		82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	
SUITE 4			83				
	IDERDALE FL 33304						
			84	City		FL 85 Z	ip Code
tamıllar wit SIGNATURE	In, and accept the obligations of, S Signature, typod or printed name of registered a	sport and little if applicable.	S. OTE Registered Ager		d of directors. I hereby accept the appoint	DATE	, ,
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
TITLE	DP DELETE		1. 1 TITLE			Change	☐ Addition
NAME STREET ADDRESS	RUBERTO, JOHN A JR 915 MIDDLE RIVER DRIVE	: CLITTE 440	1.2 NAME				
OTY - ST - ZIP	FT LAUDERDALE FL	., SUITE 418	13 STREET				
TILE	TT BAODERDALE PL		1.4 CITY - S 2 1 TITLE	51-20"			
AME			2 JIJLE	ı		Change:	☐ Addition
			2.2 NAME	İ		Change:	Addition
TREET ADDRESS		L J		ADDRESS		Change:	Addition
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UTY-ST-ZIP UTLE IAME IREET ADDRESS			2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ST-ZIP			
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certify that the information indicated on this armost 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 anyoddress.

SIGNATURE: