## 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 23, 1999 8:00 am Secretary of State

04-23-1999 90242 037 \*\*\*150.00

1. Corporation	MENT # V32650 RUB ASSOCIATES, INC.					
D. C. Janet Diagram	/ D	Afailing Address			iik even eibik even eibir ei	BH WHOM HODE
Principal Place of Business 9250 W. BAY HARBOR DR. STE. 3B BAY HARBOR ISLANDS FL 33154 US		Mailing Address 9250 W. BAY HARBOR DR STE. 3B BAY HARBOR ISLANDS FL 33154 US		DO NOT WRITE IN THIS SPACE '  3. Date Incorporated or Qualifed		
				04/29/1992		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0329632		Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	,
City & State	<u> </u>	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current		□No
24	25	29 30	·	Personal Property Tax.  10. Name and Address of New Regi		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent	
Frieser, Diana G ESQ. 5220 SW 34Th Terr				ess (P.O. Box Number is Not Acceptable	)	
HOLLYWOOD FL 33312			83			
1100	E111000 1 E 0001E		[63]			
			84 City		FI 85 Zip C	ode
SIGNATURE				oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its re appointment as reg	registered pistered
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	DP OFFICERS AND	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO CITYO	☐ Change	Addition
NAME	GRUB, JAIME	_ =====	1.2 NAME			
STREET ADDRESS	9250 W BAY HARBOR DR #3B		1.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR FL		1.4 CITY-ST-ZIP			
T/TLE	DST	☐ DELETE	2.1 TITLE <b>V</b>		☐ Change	Addition
NAME	GRUB, ELENA		2.2 NAME			
STREET ADDRESS	9250 W BAY HARBOR DR #3B		2.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR FL		2. 4 CITY-ST-ZIP			177 6 1 1/1/
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition
NAME	GRUB, ELLIOT		32 NAME:			
STREET ADDRESS	9250 W BAY HARBOR DR #3B		3.3 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR FL	☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE ,		C) DETEIE	4.1 TITLE			J
NAME			4. 2 NAME			
STREET ADDRESS		l	4.3 STREET ADDRESS			1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
			5.2 NAME		- <b>-</b> •	
NAME STREET ADDRESS		i	5.3 STREET ADDRESS			1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition

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 receiper 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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

DEFAULT OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/19/99

305-866-63 (f)
Daylime Phone #