

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # V39781 (2)

95 MAR 14 AM 10:08

1. Corporation Name

RICHARD L. RUBINO, P.A.

Principal Place of Business

1515 NORTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON FL 33432

Mailing Address

1515 NORTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                               |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>05/29/1992                                                                                                               | 3a. Date of Last Report<br>03/11/1994 |
| 4. FEI Number<br>65-0340194                                                                                                                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                     | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                            | \$5.00 May Be Added to Fees           |
| 8. The corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               | FL           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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)

2021. Registered Agent signature required when transferring

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DPS                      | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUBINO, RICHARD L.       | 12. NAME                                              |                                                                   |
| STREET ADDRESS             | 1515 N. FEDERAL HWY.#300 | 13. STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | BOCA RATON FL            | 14. CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                          | 21. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUBINO, RICHARD L.       | 22. NAME                                              |                                                                   |
| STREET ADDRESS             | 1515 N. FEDERAL HWY.#300 | 23. STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             | BOCA RATON FL            | 24. CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                          | 31. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 32. NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 33. STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                          | 34. CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                          | 41. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 42. NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 43. STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                          | 44. CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                          | 51. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 52. NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 53. STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                          | 54. CITY-STATE-ZIP                                    |                                                                   |
| TITLE                      |                          | 61. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 62. NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 63. STREET ADDRESS                                    |                                                                   |
| CITY-STATE-ZIP             |                          | 64. CITY-STATE-ZIP                                    |                                                                   |

14. I hereby certify that the information requested with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted with this annual report or biennial 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 of this report, or as an attachment with an address.

SIGNATURE:

*Richard L. Rubino*  
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

3/8/95 (407) 392-4837  
DATE (Typed Name)