


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90056 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 490738

1. Corporation Name
RONNIE'S PLACE, INC.



Principal Place of Business 19780 E COUNTRY CLUB DR AVENTURA FL 33180 US	Mailing Address 19780 E COUNTRY CLUB DR AVENTURA FL 33180 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 801 90th STREET	2a. Mailing Address 801 90th STREET
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State SURFSIDE FL	28. City & State SURFSIDE, FL
24. Zip 33154	29. Zip 33154

3. Date Incorporated or Qualified 12/22/1975	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1641140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FURLONG, ESTELLE
 3145 PINE TREE DR.
 MIAMI BEACH FL. FL 33140

10. Name and Address of New Registered Agent

81. Name **ROBERTA FURLONG**

82. Street Address (P.O. Box Number is Not Acceptable)
801 90th STREET

83. _____

84. City **SURFSIDE** FL 85. Zip Code **33154**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/23/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FURLONG, ESTELLE	
STREET ADDRESS	3145 PINE TREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FURLONG, ROBERTA	
STREET ADDRESS	19780 E COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	801 90th STREET
2.4 CITY-ST-ZIP	SURFSIDE, FL 33154
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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: *[Signature]* DATE: **3/23/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)