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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M72003

(0)

RANVAN BEALTY INC.

**FILED** Apr 24 1998 8:00am Secretary of State

Principal Place \$ SYLVAN A. 618 NORTH W		Mailing Address  SYLVAN A. WELLS 618 NORTH WILD OLIVE DAYTONA BEACH FL 321			DO NOT WRITE IN		
<u> </u>					3. Date Incorporated or Qualified 03/08/1988		
2. Principal Pl	ace of Business	2a. Mailing Address 26			4, FEI Number 59-2880315		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country 25	Zφ	Country 30		This corporation owes or has paid the Personal Property Tax due June 30.		
	g Name and Address of Curren		001		Name and Address of New Regist		
618	ILLS, SYLVAN A. I NORTH WILD OLIVE AVE. YTONA BEACH FL 32018		81 Nam 82 Stree 83 84 City	ne	(P.O. Box Number is Not Acceptable)		ip Code
office or re agent. I ar SiGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agents.	of Florida, Such change was a ations of, Section 607,0505, Flo	uthorized by the co	orporation'		e appointment	as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	DELETE	1.1 TITLE			Chang	ge 🔲 Addition
NAME	LEUZINGER, ROBERT H.		1,2 NAME				ļ.
STREET ADDRESS	1091 KINGSWOOD WAY		1.3 STREET ADDRESS	s			Į;
CITY-ST-Z#P	PORT ORANGE FL		1.4 CITY-ST-ZIP				
TITLE	D DANGE OANGE A K	DELETE	2,1 TITLE			Chang	ge 🔲 Addition
NAME	LEUZINGER, PAMELA K.		2.2 NAME				
STREET ADDRESS	1091 KINGSWOOD WAY PORT ORANGE FL		2.3 STREET ADDRESS	s			}
CITY-ST-ZIP TITLE	FORT ONANGE PL	DELETÉ	2. 4 CITY-ST-ZIP 3.1 TITLE	<del></del>		Chang	e
1 1		_ Decert	3.2 NAME	ļ		C Oneng	,c
NAME OFFICE ADDRESS			3.3 STREET ADDRESS	_ [			
STREET ADDRESS			3.4. CITY-S1-ZIP	<b>"</b>			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	<del> </del>		Chang	e Addition
NAME			4. 2 NAME				,
STREET ADDRESS			4.3 STREET ADDRESS	. l			1
CITY-ST-ZIP			4.4 CITY - ST - ZIP	~			
TITLE		DELETE	5.1 TITLE	<del></del>		Chang	e Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET ADDRESS	s l			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1			ļ
TITLE		DELETE	6.1 TITLE			Chang	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	s			\
CITY-ST-ZIP			6.4 CITY-ST-ZIP	-			
	ertify that the information supplied wi	th this filing does not qualify fo		ated in Sec	ction 119.07(3)(i), Florida Statutes. I furth	her certify that	the information

I nereoy 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 informatio 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 frustee 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 attachmort with an address.