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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400041089

1. Corporation Name

### RONNIE RAHE ENTERPRISES INC

# FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90043 023 \*\*\*150.00

	NAME ENTENTINES INC	•					
Principal Place	e of Business	Mailing Address			I Abbitable to parts pract gains and good good as		
17261 LAKE PARK ROAD BOCA RATON FL 33487 17261 LAKE PARK ROAD BOCA RATON FL 33487					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 05/31/1994		
2. Principal Place of Business 2a. Mailing Addr		2a. Mailing Address	Address		4. FEI Number 65-0499809	Not	lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Req	uired .
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country 25	Zip <b>29</b>	Country 30	·	This corporation owes the current year Personal Property Tax.	☐ Yes ☐	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent	
	MAN, PHILIP M MAN & FELDMAN		81	Name Street Add	dress (P.O. Box Number is Not Acceptable)		
2424	4 N.E. 22ND STREET IPANO BEACH FL 33062		83			85 Zip Co	ode
			84	1		<b>L</b>	
	to the provisions of Sections our o	to The data Court about a was	outhorized by	the cornerat	poration submits this statement for the purpose	pointment as regi	istered
	am familiar with, and accept the obl	gations of, Section 607.0505, F	orida Statutes	ine corporat	ion's board of directors. I hereby accept the ap		
office or r agent. I a SIGNATURE	am familiar with, and accept the obligation of the obligation of the state of the s	gations of, Section 607.0505, Flagent and title if applicable. (NOT	FE: Registered Ager	ine corporat	red when reinstating) DATE		
office or agent. I a SIGNATURE 12.	am familiar with, and accept the obling signature, typed or printed name of registered and OFFICERS	gations of, Section 607.0505, F	orida Statutes	ine corporat			RS IN 12
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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 actual report is toe 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 of 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 chapted, or on an attachment with an address with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(6) 99 561541130 Date 561541130 CD0E02/1/11/