Applied For

\$8.75 Additional

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000029739

RING USA, INC.

2. Principal Place of Business

Principal Place of Business Mailing Address 1912 CALUMET 1912 #C CALUMET CLEARWATER FL 33765 #C

CLEARWATER FL 33765

2a. Mailing Address

Suite, Apt. #, etc.

US

26

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90018 018 ***550.00



DO NOT WRITE IN THIS SPACE

7/8/1999 (727) 446-5499

3. Date Incorporated or Qualified 03/28/1996 4. FEI Number

59-3374489

| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
|---|--|-------------------------------------|--|-----------------|---|------------|----------|---|------------|--------------------------------|--|
| 22 | | 27 | 1 | | | | - | N. Elevite a Community Eleventic | | | |
| City & State | e | 28 | City & State | | | | , | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Zip | Country | | Zip | | ıntry | | | This corporation owes the cu | rrent year | | |
| 24 | 25 | 29 | | 30 | | | i_ | Intangible Personal Property. | | Yes No | |
| | 9. Name and Address of Current | | 10. Name and Address of New Registered Agent | | | | | | | | |
| KELLER, KLAUS | | | | | | 81 Name | | | | | |
| 1533 SO MISSOURI AVENUE | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CLEARWATER FL 34616 | | | | | | 83 | | | | | |
| OLD WITH LEGICIE | | | | | | 83 | | | | | |
| | | | | | 84 | Ety lea | | 1 - | | 85 Zip Code | |
| | | | ··· | | | ~ ~ ~ | | uster | | -L 33765 | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 a | am familiar with, and accept the obligat | ions | of, section 607.0505, Fl | orida Sta | tutes | | | 550,0 0, 4,125,5,6,1,1,0,00,, | | } | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | | | | | | | |
| | | OTE: Registered Agent signature red | | | then reinstating) ADDITIONS/CHANGES TO O | DAT | | | | | |
| 12. | OFFICERS AND | אוט י | | 13. | TIE | | | ADDITIONS/CHANGES TO O | FFICERS | Change Addition | |
| TITLE | | | DELETE | | | | | | | Change Addition | |
| NAME | KELLER, KLAUS | | | 1.2 N | | | | | | | |
| STREET ADDRESS | 1615 ST. PAUL'S DRIVE | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | | | | TY-ST- | ZIP - | | | | | |
| TITLE | D D | | DELETE | 2.1 TI | | | | | | Change Addition | |
| NAME | RING, ANDREAS | | | 2.2 N | | | , , | 12 Calumet | #C. | | |
| STREET ADDRESS | 1533 SO. MISSOURI AVENUE | | | | | ADDRESS | 17 | - Jas ed to med | 2777 | | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | | | | ITY-ST- | ZIP C | _16 | arwater, 1-L | 9974 | | |
| TITLE | D | | DELETË | 3.1 T | | | | 12 Calumet arunter, FL 12 Calumet 20 Calumet | | Change Addition | |
| NAME | RING, MATHIAS | | | 3.2 N | | | , | - columet | #C | | |
| STREET ADDRESS | 1533 SO. MISSOURI AVENUE | | | 1 | | ADDRESS | | | , - | سن اودح | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | | | | TY-ST- | ZIP C | <u> </u> | earwaxer, F | - 53 | 7765 | |
| TITLE | | | L DELETE | 4.1 TI | | | | | | Change Addition | |
| NAME | | | | 4.2 N | | | | | | • | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | <u> </u> | _ | ITY-ST- | ZIP | | | | Change Addition | |
| TITLE | | | DELETE | 5.1 TI 5.2 N | | | | | | Change Addition | |
| NAME | | | | I | | ADDOESS | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 6.1 T | ITY-ST- | <u>41P</u> | | | | Change Addition | |
| TITLE | | | DELETE | | | | | | | Change Addition | |
| NAME | } | | | 6.2 N | | *DODECC | | | | | |
| STREET ADDRESS | | | | 1 | | ADDRESS | | | | | |
| CITY-ST-ZIP | ortify that the information aumaliad with 4 | bie E | ling does not qualify for | | tty-ST- | | ection | 119 07(3)(i) Florida Statutes I t | urther cer | tify that the information | |
| 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 receiver or trustee enjoowered 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. | | | | | | | | | | | |
| SIGNATURE: Klausikelletjr/Warmille 7/8/1999 (727) 446-5499 | | | | | | | | | | | |