

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

0076547

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000076511**

1. Corporation Name  
**RINI TECHNOLOGIES, INC.**

Principal Place of Business  
**467 CAROLYN DRIVE  
OVIEDO FL 32765**

Mailing Address  
**467 CAROLYN DRIVE  
OVIEDO FL 32765**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc  
22 City & State  
23 Zip Country  
24

26 Suite, Apt. #, etc  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

**RINI, DAN  
467 CAROLYN DRIVE  
OVIEDO FL 32765**

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

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered agent's name is required for all filings.)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	[ ] DELETE
NAME	<b>RINI, DAN</b>	
STREET ADDRESS	<b>467 CAROLYN DRIVE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. TITLE	[ ] Change [ ] Add
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	[ ] Change [ ] Add
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	[ ] Change [ ] Add
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	[ ] Change [ ] Add
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	[ ] Change [ ] Add
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	[ ] Change [ ] Add
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**7000002785677--5**  
**-02/24/99--01067--003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a) 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 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:** *Dan Rini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb / 99 407 359 6994*

CR2E034 (1/198)