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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Apr 22, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-22-1999 90127 002 \*\*\*150.00

DOCUMENT # P98000084781	
RINGLER ASSOCIATES SOUTH FLORIDA, INC.	

<ol> <li>Corporation</li> </ol>										
RINGLEF	r assoc	IATES SOUTH F	LORIDA,	INC.						
		·					.	<b>     </b>		
Principal Plac	e of Busines	s		iling Address			f			
1500 NW 49TH	STREET			NW 49TH STREET						
Suite 607 Suite 607 Ft. Lauderdale Fl. 33309 Ft. Lauderdale Fl. 33309			309		DO NOT V	RITE IN THIS	SPACE			
PI, DAUDENDALE PE 33309					3. Date Incorporated or Qualit	ed				
							10/01/1998			
2. Principal P	lace of Busin	ness	2a.	Mailing Address			4. FEI Number	200	Ар	plied For
21			26	5000 B	irch	<u> 25                                    </u>	28-9H18	<u>  888</u>		t Applicable
Suite, Apt.	#, etc.		<del> </del>	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A	
22			27		<del></del>		<u> </u>	<del></del>	<u> </u>	
* - City & Stat	e			City & State	LRO/	ich CA	6. Election Campaign Financi Trust Fund Contribution	<sup>ng</sup> $\square$	\$5.00 Added to	
<b>23</b> Zip		Country	28	Zip_	Cou	intry	8. This corporation owes the	urrent vear Inta		3,1000
24		25	29	92660	30	usA	Personal Property Tax.			□No
	9. Name	and Address of Curr		ered Agent	133)		10. Name and Address of Ne	w Registered A	gent	
						81 Name	<del></del>			
	anti, jam					82 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
	0 NW 49TH	ISIKEEI						· · ·		
	TE 607	LE FL 33309				83				
r(.)	LAUUCRUA	(EE LF 22203				84 City			85 Zip C	Code
								FL	<u> </u>	cogletered
office or r	rogictorod ac	iont or both in the Sta	to at Hianas	a Such change was	aumonzei	i ny ine compora	rporation submits this statement for tion's board of directors. I hereby ac	cept the appoin	manging its tment as req	gistered
	m familiar w	ith and accept the obli	antione of			utoc				
agent. i a	iiii larriiilar w	itii, and accept the obii	gations of,	Section 607.0505, F	londa Stat	utes.				
agent. I a SIGNATURE							ired when reinstating)	DATE		}
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SIGNATURE	Signature, typed		agent and title if	applicable. (NC	TE: Registered	d Agent signature requi			DIRECTO	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 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** 

CITY-ST-ZIP