FILE NOW: FILE	ING FEE	AFTER N	MAY 1	IS	\$225.	00
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

NAME

STREET ADDRESS

DOCUMENT #

P93000060003 (9)

1. Corporation Name

RIMJET	CORP	PORATION
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HIME	CONFORMION				
Principal Place o	of Business	Mailing Address		i all bereit tet etten teres 62141 644	
2150 WHITFIE SUITE F-19	LD PARK DR	2150 WHITFIELD PARK SUITE F-19	DR		
SARASOTA FL 34243 SARASOTA FL 34243			3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 04/25/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 65-0434912	Applied For Not Applicable
Suite, Apt. #,	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Gountry	8. This corporation has liability for	
24	25	29	30	Tightati Ottomini	s 🔲 No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Hegistered Agent
			81 Name		
	ENETTE M		82 Street A	ddress (P.O. Box Number is Not Accepta	able;
	HITFIELD PARK DR		83		
SARASO)TA FL 34243				
			84 City		Fi 85 Zip Code
12.	Synance Typest or person transe of registers that OFFICERS At	NO DIRECTORS	TE Respitated April signature to 13.		FICERS AND DIRECTORS IN 12
THLE	D D	☐ DELETE	I I TITLE		C change C Addition
NAME	IVKO, RENETTÉ M		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	5657 AVISTA DRIVE SARASOTA FL 34243		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2 1 TIBLE		Change Addition
NAME	IVKO, JOSEPH J.		2.2 NAME		
STREET ADDRESS	5657 AVISTA DRIVE		2.3 STREET ADORESS		
CITY-ST-ZIP	SARASOTA FL		2.4.0(TY - S1 - Z)F		
TITLE	TS	DELE TE	3 1 THILE		Change Addition
NAME	IVKO, ERIC J.		3.2 NAME		
STREET ADDRESS	10445 MAST BLVD #33		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTEE CA	DELETE	3 4 CITY ST-ZIP 4 1 TITLE		Change Addition
TITLE		LJ DEEC IC	4.2 NAME		<u> </u>
NAME PERCET ADDRESS	ŀ		4.3 STREET ADDRESS		
STREET ADDRESS CHTY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	5 1 TiT.F		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C:TY - S1 - 7-P		D Change D Addition
THILE		☐ DELFTE	6 TITLE		Change Addition
MANAG			. 62 NAME		

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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. 4/17/96 Renette M. Ivko SIGNATURE:

6.3 STREET ADORESS

64 CITY S1-ZIP

entte m. Luto Renet

(941)758-6588

CR2E034 (12/95)