

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 268575 (8)  
1. Corporation Name  
RONIT, INC.



Principal Place of Business: 4781 NE 17TH DR, PO BOX 5176, LIGHTHOUSE POINT FL 33074  
Mailing Address: 4781 NE 17TH DR, PO BOX 5176, LIGHTHOUSE POINT FL 33074

3. Date Incorporated or Qualified: 04/02/1963  
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
4. FEI Number: 59-1010204  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: TINOR, MARJORIE S., 4791 N.E. 17TH DRIVE, POMPANO BEACH FL 33064  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	TINOR, HENRY	1.1 TITLE	
NAME: TINOR, HENRY	4791 NE 17TH DRIVE	1.2 NAME	
STREET ADDRESS: 4791 NE 17TH DRIVE	POMPANO BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP: POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE: STD	TINOR, MARJORIE S.	2.1 TITLE	
NAME: TINOR, MARJORIE S.	4791 NE 17TH DRIVE	2.2 NAME	
STREET ADDRESS: 4791 NE 17TH DRIVE	POMPANO BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP: POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE: VD	COURTRIGHT, JOHANNA	3.1 TITLE	
NAME: COURTRIGHT, JOHANNA	4781 NE 17TH DRIVE	3.2 NAME	
STREET ADDRESS: 4781 NE 17TH DRIVE	POMPANO BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP: POMPANO BEACH FL		3.4 CITY-ST-ZIP	
TITLE: [ ] DELETE		4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: [ ] DELETE		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: [ ] DELETE		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Henry Tinor Henry Tinor President April 22, 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)