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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 443299 1. Corporation Name

RATNER ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address				041 <b>01000 0</b> 1151 <b>0</b> 14810 14	iii# iiii kali oi	IPII AIAII AIAII	
7740 TRAVELERS TREE DR. BOCA RATON FL 33433		7740 TRAVELERS TREE DR. BOCA RATON FL 33433		-	DO NOT MID	TE IN THIS	CDACE	٠	
					2. Data Income	DO NOT WRI	TE IN THIS	SPACE	
					01/08/197			· · ·	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number				oplied For
21		26			59-152130	<u> 62                                    </u>		<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & State		City & State			6. Election Can Trust Fund C	npaign Financing			May Be to Fees
23	Country	Zip	Countr		<del></del>	tion owes the cur	rent vear int		
Zip		<del></del>	30	,	Personal Pro		on your m	☐Yes	₩No
24	25 9. Name and Address of Curre					Address of New	Registered	Agent	
	5. Hame and Address of Outro	At the global of the state of t	8	1 Name					
RATNER, KENNETH M 7740 TRAVELERS TREE DRIVE BOCA RATON FL 33433		,	8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)				
				3	· · · · · · · · · · · · · · · · · · ·				
			8	4 City	<u>_</u> <u>*</u>	9 1 92 <b>8</b> 3 1 912 989 4 8	FL	<b>85</b> Zip	Code
II. Fuisuani	to the provisions of Sections 607.05	a of Fiorica. Silich channe was au	unonzeu d	v the corpor:	ation's board of directo	ors. I hereby acce	pt the appoi	ntment as re	egistered
office or r	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	iga Sialule	15.					<u>.</u>
office or r agent. I a SIGNATURE	im familiar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered Ag	15.	uired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		<u>.</u>
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6.4 CITY-ST-ZIP

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 address, with all other like empowered.

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90015 013 \*\*\*150.00