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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

	1990	DIVISION OF		NA9			
DOCUMENT # 461644 (7) 1. Corporation Name							
•	RY ENTERPRISES, INC.						
D1741 E					I HARIN BURA BURA MANA BANK BARA	110	HAN BIBN AND NOON TOO
Dringing Diago	o of Physicage	N. S.	· · · · · · · · · · · · · · · · · · ·				
Principal Place		Mailing Address	~				
3123 FOURTH AVENUE 3123 FOURTH A TAMPA FL 33605 TAMPA FL 3360			=				
					3. Date incorporated or Qualified	3a. Date o	of Last Report
					09/25/1974	04/3	28/1995
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address		4. FEI Number 50-1557957		Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-1557357		Not Applicable \$8.75 Additional
22		27]			5. Certificate of Status Desired		Fee Required
City & State		Orty & State	h		6. Election Campaign Financing		\$5.00 May Be
23 Zip	Country	28 Ziro	8 Zup Country		Trust Fund Contribution		Added to Fees
24	25	F-1 ' F '			8. This corporation has liability for florida Statutes	_#*	under s 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	legistered A	gent
I/EALIEN			81	Name			
KESHEN, LEONARD M. 3123 4TH AVENUE			82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)	
TAMPA I			83				
	-		84	City			[] - 0 /
				,		FL	85 Zip Code
11. Pursuant i	to the provisions of Sections 607.050 red agent, or both, in the State of Flo	02 and 607.1508, Flooda Statut	tes, the above r	iamed corpo	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of chan	ging its registered office
familiar w	ith, and accept the obligations of, Se	ction 607.0505, Florida Statute:	S	orement a treet	and or directors. This eary accept the app	OF MITTERIT AS TE	gistered agent. Fam
SIGNATURE:	Signature, typed on surfeel have of regularies a p	adian of the many liquids	DLE Registered Agen		to be to constate in	DATE	
12.	OFFICERS A	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12
TITLE	SD MECHEN MARY ANNA						Change
NAME SERVES ADORGO	KESHEN, MARY ANNA 3128 4TH AVE.		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	ADA CI		ADDRESS			
TITLE	PD	DELETE	1.4 CITY - S 2.1 Till E	1 - Z'P			Change
NAME	KESHEN, LEONARD M.		2.2 NAME			بے	Drainge / Darwon
STREET ADDRESS	3128 4TH AVE.		2 3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		2.4 CHY+S	T ZIF			
TITLE	V DODESTO	☐ DELETE	3 1 THEF	ļ			Change Addition
NAME	MANDULEY, ROBERTO 3128 4TH AVENUE		3.2 NAME				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		3.3 STREET				
TITLE	VD	DELETE	3.4 CHY S 4.1 TIFLE	1 - 2012			Change Addition
NAME	KESHEN, MARY ANNE		4 PINEC				Change Modified
STREET ADDRESS	3128 4TH AVENUE		4.3.57REFT	ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY - S				
TITLE		DELETE	5 1 IOLE				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET				
CITY - ST - ZIP		□ bc: ETC	5 4 CITY - S	I - ZIP		·· -	<u> </u>
TITLE NAME		☐ DELETE	6 1 TITLE				Change
STREET ADDRESS			6.2 NAME 6.3 STREET	Anopeen			
CITY-ST-ZIP			6.4 CITY - S				
·····	y certify that the information supplied	i with this friend is voluntarily furn			or the exemption stated in Section 119.	0.7/3:/ki Floria	la Statutae I fuethor

The many series are information supplied with the ining is voluntarily turnished and does not quality for the examplion stated in Section 119.07(3)(k). Florida Statutes. I further certify had the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation of 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 chapted or execute with an address.

SIGNATURE:

LEINARD M. KESTEN SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-24736/1