

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90056 040 ***150.00

0259390

DOCUMENT # 490738

1. Corporation Name
RONNIE'S PLACE, INC.

Principal Place of Business
19780 E COUNTRY CLUB DR
AVENTURA FL 33180
US

Mailing Address
19780 E COUNTRY CLUB DR
AVENTURA FL 33180
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 801 90th STREET	26 801 90th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 SURFSIDE FL	28 SURFSIDE FL
Zip	Zip
24 33154	29 33154
Country	Country
25	30

3. Date Incorporated or Qualified	Applied For
12/22/1975	Not Applicable
4. FEI Number	
59-1641140	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FURLONG, ESTELLE 3145 PINE TREE DR. MIAMI BEACH FL. FL 33140	81 Name ROBERTA FURLONG 82 Street Address (P.O. Box Number is Not Acceptable) 801 90th STREET 83 84 City SURFSIDE FL 85 Zip Code 33154

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 *Robert Furlong* (NOTE: Registered Agent signature required when reinstating) DATE 3/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FURLONG, ESTELLE	1.2 NAME	
STREET ADDRESS	3145 PINE TREE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	PD
NAME	FURLONG, ROBERTA	2.2 NAME	
STREET ADDRESS	19780 E COUNTRY CLUB DR	2.3 STREET ADDRESS	801 90th STREET
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)