

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90063 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 556074**

1. Corporation Name  
**RANIERI'S, INC.**



Principal Place of Business 6412 LAKE SUNRISE APOLLO BEACH FL 33572-2305	Mailing Address 6412 LAKE SUNRISE APOLLO BEACH FL 33572-2305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1977	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	4. FEI Number 59-1789573	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, TOM FAIRCHILD RAY WATSON DR. SUN CITY CENTER PLAZA P O DRAWER 5748 SUN CITY CENTER FL 33570				10. Name and Address of New Registered Agent	
				81 Name	LARRY FRANK
				82 Street Address (P.O. Box Number is Not Acceptable)	1028 APOLLO BEACH BLVD #107
				83	
				84 City	APOLLO BEACH
				85 State	FL
				86 Zip Code	33572

11. Pursuant to the provisions of Sections 607.0507 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: *Larry Frank* DATE: 4-6-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	RANIERI, FLORA FRANK	1.2 NAME	LARRY FRANK
STREET ADDRESS	3901 U. S. HWY. 41 N.	1.3 STREET ADDRESS	1028 APOLLO BEACH BLVD #107
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	APOLLO BEACH FL. 33572
TITLE	DT	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	RANIERI, FLORA FRANK	2.2 NAME	LARRY FRANK
STREET ADDRESS	3901 U. S. HWY. 41 N.	2.3 STREET ADDRESS	1028 APOLLO BEACH BLVD #107
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	APOLLO BEACH FL. 33572
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Larry Frank* DATE: 3-12-99 (813) 645-5735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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