


FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90031 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603552

1. Corporation Name

~~MARK L. RITTER DDS, P.A.~~

JOANNE RITTER ENTERPRISES, INC.

Principal Place of Business

612 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714
US

Mailing Address

612 SPRING VALLEY ROAD
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business 1751 PERCH LANE Suite, Apt. #, etc.	25 Mailing Address 1751 PERCH LANE Suite, Apt. #, etc.
22 City & State SANFORD FL	27 City & State SANFORD FL
23 Zip 32771-9425	28 Zip 32771-9425
24 Country USA	29 Country USA

3. Date Incorporated or Qualified

05/31/1972

4. FEI Number

59-1400969

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
 Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax:
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RITTER, JOANNE

~~612 SPRING VALLEY ROAD~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

~~JOANNE RITTER ENTERPRISES~~
~~1751 PERCH LANE~~

82 Street Address (P.O. Box Number is Not Acceptable)

1751 PERCH LANE

83

84 City

SANFORD

FL

85 Zip Code

32771

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

Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

612 SPRING VALLEY ROAD

ALTAMONTE SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

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.