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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 F03260 **DOCUMENT #**

(9)

1. Corporation Name

RIPPEON INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address 4104 GLENMOOR DR. WEST PALM BEACH FL 33409 | | | |
|---|--|--|--|--|
| 4104 GLENMOOR DR. WEST PALM BEACH FL 33409 | | | | |



| 21 26 7.0.80x 21661 59-2064367 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28 West Palm Beach, FL Tip Country Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Required \$5.00 May Be Added to Fees | | | | | | 3. Date Incorporated or Qualified 10/27/1980 | 3a. Date of 1 | Last Report D/1995 |
|--|------------------|---|---------------------------------------|--------------------------|--------------------------------------|--|-------------------|--|
| Surfaced of Status Desirod \$8.75 Additional \$8.00 May Be Addition \$8.00 | ├ ── ' | Principal Place of Business Address Mailing Address | | | | 4. FEI Number | | Applied For |
| 27 | 21 26 1.0. Box 2 | | | 2160 | / | 59-2064367 | | Not Applicable |
| 20 | 22 27 | | | | | 5. Certificate of Status Desired | \$ | |
| April | L | | | BEAG | CH, FL | | | |
| RIPPEON, BRENDA 4104 GLENMOOR DR WEST PALM BEACH FL 33409 11. Pursuant to the provisions of Sections 607-0002 and 607-1500, Florida Statutes. The above named corporation submits the atteinment for the purpose of changing its 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, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE SUCH TURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME RIPPEON, BRENDA 4104 GLENMOOR DR. WEST PALM BEACH FL 33409 12. INTEL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME RIPPEON, BRENDA 4104 GLENMOOR DR. WEST PALM BEACH FL 33409 10. SHEET ADDRESS 11. INTE 12. Change Addition 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME 14. SHEET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY MAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 16. Change Addition 17. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TULY | Zip 24 | 25 | Zip 29 33416 | L Con | ntry | | intangible tax ur | |
| RIPPEON, BRENDA 4104 GLENNOOR DR WEST PALM BEACH FL 33409 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 deport. 2 by the Cost of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, or both, vs 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 not appoint the purpose of changing in the purpose of change in the purp | | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New R | egistered Age | nt |
| 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 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 registered agent in an international board or provided agent and the factorized agent and the factorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registe | | | | | | ress (P.O. Box Number is Not Acceptab | ie) | |
| 1.1. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am 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 state of florida. Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TRUE RIPPEON, BRENDA 12. AMME SIRECI ADDRESS CITY-S1-ZIP RIPPEON, BRENDA 13. SIRECI ADDRESS CITY-S1-ZIP Addition NAME 14. CITY-S1-ZIP DELETE 21. TITLE Change Addition Addition AMME 32. NAME 33. SIRECI ADDRESS CITY-S1-ZIP DELETE 31. TITLE Change Addition Addition AMME 32. NAME 33. SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition Addition AMME 33. SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition Addition AMME 33. SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition Addition AMME 34. SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition AMME 35. SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition Addition AMME SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition AMME SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition AMME SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition AMME SIRECI ADDRESS SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition AMME SIRECI ADDRESS SIRECI ADDRESS CITY-S1-ZIP TITLE Change Addition Change Addition AMME SIRECI ADDRESS SIRECI | WEST PA | ALM BEACH FL 33409 | | | 83 | | | ** |
| 1.1 Previount to the provisions of Sections 607 C502 and 607 1508. Findia Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was submits and scoop the appointment as registered agent, and in the purpose of Changing its registered agent or both appointment as registered agent, and in the purpose of Changing its registered agent. I am a statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME SIFERI ADDRESS CITY-SI-72P RIPPEON, BRENDA 4104 GLENMOOR DR. 14 STREET ADDRESS CITY-SI-72P TILLE DELETE 1.1 TILLE 1.2 TILLE RIPPEON, BRENDA 4104 GLENMOOR DR. 14 STREET ADDRESS CITY-SI-72P TILLE DELETE 2.2 TILLE 2.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 2.2 NAME 2.3 SIRRET ADDRESS CITY-SI-72P TILLE DELETE 3.3 TILLE Change Addition AMME STREET ADDRESS CITY-SI-72P TILLE DELETE 3.3 STREET ADDRESS CITY-SI-72P TILLE DELETE 3.4 TILLE Change Addition AMME STREET ADDRESS CITY-SI-72P TILLE DELETE 3.5 TILLE Change Addition AMME STREET ADDRESS CITY-SI-72P TILLE DELETE 3.5 TILLE Change Addition AMME STREET ADDRESS CITY-SI-72P TILLE DELETE 3.5 TILLE Change Addition AMME STREET ADDRESS CITY-SI-72P TILLE CHANGE 3.5 STREET ADDRESS CITY-SI-72P TILLE CHANGE STREET ADDRESS CITY-SI-72P TIL | | | | | 84 City | | E1 8 | 5 Zip Code |
| Signature Post Po | | | | s, the abo d by the c | ve-named corpor orporation's boar | ration submits this statement for the pur rd of directors. I hereby accept the appo | | ng its registered office stered agent. I am |
| 12. | SIGNATURE _ | Shingthing thread or pricted name of surishared soon | Wat title of pool poble | C.D. | | | | |
| THE | | | | | Agent signature require | | | ECTORS IN 10 |
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Balled Published Street OF BIRTH OFFICER OF DIRECTOR

407-659-5990 Daytime Phone •