

09171999-90003-036-\$550.00-\$550.00

1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>DOCUMENT # F19929</b><br>1. Corporation Name<br><b>RIC-DEG, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Principal Place of Business<br>15400 NW HWY 27<br>Ocala FL 32675-8602 <b>34482</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mailing Address<br>15400 NW HWY 27<br>Ocala FL 32675-8602 <b>34482</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 3. Date Incorporated or Qualified<br><b>02/17/1981</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4. FEI Number<br><b>59-2102555</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 9. Name and Address of Current Registered Agent<br><b>EHNTHOLT, MERCEDES</b><br><b>15400 NORTHWEST HIGHWAY 27</b><br><b>OCALA FL 32675 34482</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 10. Name and Address of New Registered Agent<br>B1 Name <b>ESCOBAR, JUAN</b><br>B2 Street Address (P.O. Box Number is Not Acceptable)<br><b>15400 NW US HWY 27</b><br>B3<br>B4 City <b>OCALA</b> <b>FL</b> B5 Zip Code <b>34482</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 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.<br>SIGNATURE <i>Juan A. Escobar</i> <b>JUAN A. ESCOBAR Manager.</b> <b>Sep 29 - 1999</b><br>(NOTE: Registered Agent signature required when reinstating)                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>PD</b> <input type="checkbox"/> DELETE<br>NAME <b>DEGWITZ, LUISA G</b><br>STREET ADDRESS <b>15400 N.W. HIGHWAY 27</b><br>CITY-ST-ZIP <b>OCALA FL 34482</b><br>TITLE <b>STD</b> <input type="checkbox"/> DELETE<br>NAME <b>DEGWITZ DE JIMENEZ, ERIKA</b><br>STREET ADDRESS <b>15400 NW HWY 27</b><br>CITY-ST-ZIP <b>OCALA FL 34482</b><br>TITLE <b>VPD</b> <input type="checkbox"/> DELETE<br>NAME <b>DEGWITZ, LUISELENA</b><br>STREET ADDRESS <b>15400 NW HWY 27</b><br>CITY-ST-ZIP <b>OCALA FL</b><br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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.                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>SIGNATURE: <i>Juan A. Escobar</i> REQUIRED JUAN ESCOBAR 9/15/99 (352)528-5973</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

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 CLERK OF THE COURT  
 DIVISION OF CORPORATIONS  
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