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PROFIT CORPORATION ANNUÂL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400000854

RNE CORPORATION

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90033 008 ***158.75



Principal Plac	ce of Business	Mailing Address					#11 ##11 ##11 ##111 ##111		B1111 B101 (981
3771 BAY CRE	EK DR	3771 BAY CREEK	DR						
			A SPRINGS FL 34134						
US US						DO N	DO NOT WRITE IN THIS SPACE		
						Date Incorporated or	Qualifed		
	•				•	02/21/1994			
2. Principal F	Place of Business	2a. Mailing Addr	ess			4. FEI Number		Ar	plied For
21	•	26				41-1650545		· No	t Applicable
	#, etc.	Suite, Apt. #,	etc.				~ .	\$8.75	Additional
22	•	27				5. Certifcate of Status D	esired		equired
City & Sta	te	City & State	· · · · · ·			6. Election Campaign Fi	inancina	\$5.00	May Be
23		28				Trust Fund Contribution	-	Added	
Zip	Country	Zip		Country		***			3
—	[25]	29	30	¬ '		This corporation owes Personal Property Tax	-	Yes	DKN0
24	9. Name and Address of Curi		30	<u>'</u>		10. Name and Address			
	5. Name and Address of Cur	Sitt vedistered Agent		81	Name	to, Hame and Address	OI New Registered	Agent	
KFI	LY, RICHARD L	AND THE PERSON OF THE PERSON O			Pidillo				
377	1 BAY CREEK DR			82	Street Ad	dress (P.O. Box Number is No	t Acceptable)		
							engle on a	44	
DUN	IITA SPRINGS FL 34134			83			据 有"好玩。		
				84	City	* 5.7 (v. d.) * * * * * * * * * * * * * * * * * *	30 m 841 . 1 - 4 - 4 - 1	85 Zip	Todo
	المراجع			04	City		FL	_ 85 210	5000
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sia im familiar with, and accept the poli	502 and 607.1508, Florid	da Statutes,	the above	-named co	rporation submits this statemer	nt for the purpose of	changing its	registered
office or n	registered agent, or both, in the Sta	ite of Florida. Such chan	ge was autho	orized by t		ation's board of directors. I here	by accept the appoi	intment as re	gistered
	im familiar with and accept the willi	idations of Section 607 (1505 Florida	Statutes	ine corpora				
./	1 10 1 1 1	igations of Section 607.0							
SIGNATURE	Meliara L.	Aeller	PRE	5100	1		/- <u></u>		
./	Signature, typed or printed name of registered a	agent and title if applicable	PRE	gistered Agent	1	ulred when reinstating)	/- 6 -	99	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable AND DIRECTORS	PRE	gistered Agent 13.	1		/- 6 -	99	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable AND DIRECTORS	PRE (NOTE: Rep	gistered Agent 13. 1.1 TITLE	1	ulred when reinstating)	/- 6 -	99 ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered is OFFICERS. CPT KELLY, RICHARD L	agent and title if applicable AND DIRECTORS	PRE (NOTE: Rep	gistered Agent 13. 1.1 TITLE 1.2 NAME	signature requ	ulred when reinstating)	/- 6 -	99 ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered is OFFICERS. CPT KELLY, RICHARD L 3771 BAY CREEK DR	agent and title if applicable AND DIRECTORS	PRE (NOTE: Rep	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature requ	ulred when reinstating)	/- 6 -	99 ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP	Signature, typed or printed name of registered is OFFICERS. CPT KELLY, RICHARD L 3771 BAY CREEK DR BONITA SPRINGS F 34134	agent and tibe if applicable AND DIRECTORS	(NOTE: Re	gistared Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	signature requ	ulred when reinstating)	/- 6 -	99 ND DIRECTO	PRS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS CPT KELLY, RICHARD L 3771 BAY CREEK DR BONITA SPRINGS F 34134 DVS	agent and title if applicable AND DIRECTORS	(NOTE: Re	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	signature requ	ulred when reinstating)	/- 6 -	99 ND DIRECTO	ORS IN 12
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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.

CR2E034 (11/98)