

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90019 034 ***158.75

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004031

1. Corporation Name

RETIREMENT FOUNDATIONS INC.



Principal Place of Business

**405 N. REO ST., STE. 320
TAMPA FL 33609**

Mailing Address

**405 N. REO ST., STE. 320
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

59-2337048

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 8512 POYDRAS LN.

2a. Mailing Address

**26 8480 Sheldon Rd
8512 POYDRAS LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33635

Country

25 USA

Zip

29 33635

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

ALMA R. KEE

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

8512 POYDRAS LN.

83

84 City

TAMPA

FL

85 Zip Code

33635

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 **ALMA R. KEE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-7-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADBURY, DOUGLAS	
STREET ADDRESS	405 N. REO ST., STE. 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, MATTHEW	
STREET ADDRESS	405 N. REO ST., STE. 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRASKA, JOHN	
STREET ADDRESS	405 N. REO ST., STE. 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGINO, JOSEPH	
STREET ADDRESS	405 N. REO ST., STE. 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEILL, THOMAS	
STREET ADDRESS	405 N. REO ST., STE. 320	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, A. STEWART	
STREET ADDRESS	405 N. REO ST., STE. 320	
CITY-ST-ZIP	TAMPA FL 33609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8512 POYDRAS LN.
1.4 CITY-ST-ZIP	TAMPA, FL 33635
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3
2.3 STREET ADDRESS	SAME AS ABOVE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHILLIP A. TURBERG
3.3 STREET ADDRESS	SAME AS ABOVE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D, S
4.3 STREET ADDRESS	SAME AS ABOVE
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	SAME AS ABOVE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	President & CFO
6.3 STREET ADDRESS	Alma R. Kee
6.4 CITY-ST-ZIP	8512 Poydras Lane Tampa FL 33635

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.

SIGNATURE: **JOSEPH LONGINO**

9/7/99

212-466-7761

CR2E034 (5/99)

~~617600-90002-34~~ / ~~617600-90002-34~~ + 97000000 4031
617990-90019-34
Retirement Foundations, Inc.

8480 Sheldon Road, #122
Tampa, FL 33615
(813) 855-4993

September 7, 1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

Re: 1999 Profit Corporation Annual Report

Dear Ms. Harris:

Enclosed is a copy of our 1999 Annual Report. We recently had a change of management and re-located our headquarters. We never received the first notice to file our annual report. When we received the second notice we telephoned to verify the status of the report and was told that it had not yet been filed.

Would you kindly consider the circumstances surrounding this delay in filing and waive the \$400.00 late fee? Enclosed is our check for \$158.75. Thank you for your consideration.

If you have any questions or would like additional information, please contact me at (813) 855-4993.

Sincerely,



Alma R. Kee
President and C.F.O.