FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G83494

(6)

READY MACHINE, INC.

Principal Place of Business	Mailing Address	
% RALPH J. ROSSI	% RALPH J. ROSSI	
1184 NW 159TH DR	1184 NW 159TH DR	

FILED Apr 02 1997 8:00am Secretary of State



Principal Flace of Business Mailing Address % RALPH J. ROSSI 1184 NW 159TH DR 1184 NW 159TH DR MIAMI FL 33169 MIAMI FL 33169-5608			3. Date Incorporated or Qualified Sa. Date of Last Report					
					02/06/1984		15/1996	
	Place of Business	2a. Mailing Address			4. FEI Number		h	pplied For
21	e ele	Suite, Apt. #, etc.			59-2383288			ot Applicable
Suite, Apt 22		27		······································	Certificate of Status Desired			Additional equired
City & Sta	rte	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ	Z(p) Country Z(p		Country	,	8. This corporation has liability for intangible tax under s 199.032,			
24	[25]	29	30			Yes [
	9. Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Re	gistered /	Agent	
	ISSI, RALPH J. B4 NW 159TH DR			İ.,				
	AMI FL 33169		82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
****	W. 1 & 00 100		83					
			84	City			85 Zip	Code
			-			FL		
12.	Stg., dans, type-for partial rame of high-steed appoint of the CERS AN D ROSSI, RALPH J.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIRECTO Change	RS IN 12
STHEFT ADDRESS	AAAA ABAL AFATIL DD		1.3 STREE	ADDRESS				
CHY-ST 7IFF	DS	DELETE	1.4 CiTY - 3 2.1 TiTLE	ST-ZIP		, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAM!	ST. LOUIS, FLORENCE H.	and Value	2.2 NAME				onange	
STREET ADDRESS CHEV-ST-ZIE	MIAMI FL		2.3 STREE 2.4 CITY-	F ADDRESS				
HILF	7718 4771 7 12	DELETE	3 1 TITLE	31.71	181		Change	Addition
NAME			3.2 NAME	1				
STREET ACIDHESS			33 STREE	ADDRESS				
CITY-ST-7			3 4. CITY-	ST-ZIP				11
THE		☐ DELETE	4.1 TITLE				∐ Change	Add tion
NAME Cross LABORERS			4. 2 NAME	T ADDRESS				
STREET ADDRESS OUT - S' ZIP			4.3 STREE:					
TILLE		DELETE	5.1 TITLE	V 6.11			Change	Addition
NAME.			5.2 NAME					
SUBJECT ADDRESS			5.3 STREE	T ADDRESS				
COY-SL ZP			5.4 CITY -	ST-ZIP			772	· • • · · · · · · · · · · · · · · · · ·
TITLE		DELETE	6.1 TITLE				Change	Addition
NAM"			6.2 NAME					
STREET ADDRESS	i			T ADDRESS				
City St 762	.1		64 CITY-	51-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). Florida Statutes. I further certify that the information indicated on this armual 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

SIGNATURE:

3/2/97 305-120-4803