FHLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H61113

(7)

RAYMOND RIPLEY, JR., ACCOUNTANTS, INC.

Principal Place of Business Mailing Address						
235 NORTHEAST 6TH AVENUE		235 NORTHEAST 6TH AVENUE				
DELRAY BEACH FL 33483-5543		DELRAY BEACH FL 33483-5543				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/10/1985
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number Applied For
21		26				59-2543252 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27 City & State				ree Hequired
City & State		1				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip			Country		This corporation owes or has pald the current year Intangible
24	25	29	31	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren					10. Name and Address of New Registered Agent
RIPLEY, RAYMOND JR.				81	Name	
235 NORTHEAST 6TH AVENUE				82	Street	Address (P.O. Box Number is Not Acceptable)
DEI	RAY BEACH FL 33444				5,,000	Addition (1.10. Box Monitor to the Modernator)
				63		
				84	City	85 Zip Code
44 D 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			11 1			
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.						
agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						
SIGNATURE Signature typed or perilled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD DELETE		1.1 TITLE		Change Addition	
NAME	RIPLEY, RAYMOND JR.		12 N			
STREET ADDRESS	I		1.3		ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL			1.4 City-S	T-ZIP	
TITLE	S	L	DELETÉ 2		ļ	Change Addition
NAME	RAE LEE RIPLEY		2.2			
STREET ADDRESS	3603 QUAIL RIDGE DR.				ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL			2.4 CITY-5	ST-ZIP	Change Addition
TITLE	Ab Showce David	L	DELETE 3.1 TITI		ļ	Lij Cliarge Lij Addition
NAME STREET ADDRESS	AAA 1441 TOTAL ALBAL -				10000000	
CITY-ST-ZIP	D4144 0D00400 51			3.3 STREET ADORESS 3.4. CITY - ST - ZIP		
TITLE	TADA OTTITOOTE		DELETE	4.1 TITLE	51 - ZH	☐ Change ☐ Addition
NAME		-		4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY - S		
TITLE			5.1 TITLE		Change Addition	
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				54 CITY-S	T-ZIP	
TITLE			DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		

14. Thereby 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 roport or supplemental annual roport 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 chapged, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

Ku Die Ricken

RACIET RIPLEY

6.3 STREET ADDRESS

412/08 511-222-242

FILED

Mar 18 1998 8:00am

Secretary of State

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