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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90235 004 ***150.00

DOCUMENT # J35465 1. Corporation Name

R INVESTMENTS OF HILLSBOROUGH, INC.

Principal Place of Business Mailing Address					.,	
7105 HAZELHURST CT 7105 HAZEL			ELHURST CT			
TAMPA FL 33615 TAMPA FL 33615						DO NOT WRITE IN THIS SPACE
US US						3. Date Incorporated or Qualifed
						09/30/1986
2. Principal Pl	ace of Business	2a. Mailing Addre	ess	-		4. FEI Number Applied For
21 26						59-2721283 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #,	etc.			\$8.75 Additional
27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	_	28				Trust Fund Contribution Added to Fees
Zip				intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
Name and Address of Current Registered Agent					11	10. Name and Address of New Registered Agent
TECT	A DUILID I			81	Name	
TESTA, PHILIP J 4726 LOIS AV N				82	Street Add	dress (P.O. Box Number is Not Acceptable)
4726 LOIS AV N TAMPA FL 33614				83		
1 AIVIT	TA FL 33014			53		
				84	City	FL 85 Zip Code
11 Dureuget i	to the provisions of Sections 607 (1502 and 607 1508 Floriu	ta Statutes, the a	hove	e-named corn	rnoration submits this statement for the purpose of changing its registered
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.						
•	n familiar with, and accept the ob-	gations of, Section 607.0	1000, Florida Stat	ules	•	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	l Agen	nt signature require	red when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	□ DE	ELETE 1.1 TI	TLE		☐ Change ☐ Addition
NAME	RIETOW, MARLAS M.		1.2 N	AME		
STREET ADDRESS	7105 HAZELHURST CT		1.3 \$	TREET	TADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CI	TY-S	T-ZIP	
TITLE		□ DF	ELETE 2.1 TI	TLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET	T ADDRESS	
CITY-ST-ZIP				ITY-S	ST-ZIP	
TITLE		□ DI	ELETÉ 3.1 TI	TLE		Change Addition
NAME			32 N	AME		
STREET ADDRESS			3.3 5	TREET	T ADDRESS	
CITY-ST-ZIP					T- ZIP	☐ Change ☐ Addition
TITLE		L Dt	ELETE 4.1 TI			
NAME			4.2 N			
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP			4.4 CI ELETE 5.1 TI		T-ZIP	· Change Addition
TITLE		<u></u> ∪	ELETE 5.1 TI 5.2 N			
NAME			ľ		T ADDRESS	
STREET ADDRESS					T-ZIP	•
CITY-ST-ZIP			5.4 C ELETE 6.1 TI		1-21	☐ Change ☐ Addition
TITLE		<u> </u>	62 N			المناه البيا
NAME			· ·		T ADDRESS	
STREET ADDRESS					T-ZIP	
CITY-ST-ZIP			■ 5.7 €			

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.

SIGNATURE:

CITY-ST-ZIP