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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K50396

RYON & ASSOCIATES, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90117 020 ***158.75



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	Place of Business	Mailing Address						
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F704 TAMPA FL (23607	SUITE 704	NUC		·			
JS	33007	TAMPA FL 33607			80.44-			
		US			3. Date Incorporated or Qualife	RITE IN TH	IS SPACE	
2 Princina	I Place of Business				12/09/1988	∍ď		
1	in Fidee of Business	2a. Mailing Address			4. FEI Number			
	pt. #, etc.	26			<u>59</u> -2921137			Applied For
2]	μι. π, etc.	Suite, Apt. #, etc.			39 292 1 137			Not Applicab
City & S	tate	27			Certificate of Status Desired	X		5 Additional
]		City & State -			Eleviero	•		Required
Zip	Country	28			6. Election Campaign Financing Trust Fund Contribution	9	\$5:0	0 May Be-
]	Country	Zip	Co	untry			Adde	ed to Fees
<u> </u>	25	29	30		8. This corporation owes the cu	rrent year Ir		
	Name and Address of Curren	t Registered Agent		T'	Personal Property Tax.		☐ Yes	⊠ No
C T	CORPORATION SYSTEM	· · · · · · · · · · · · · · · · · · ·		81 Name	10. Name and Address of New	Registered	Agent	
120	10 S. PINE ISLAND RD.			<u> </u>	<u> </u>			
DI A	NTATION FL 33324			82 Street Ad	dress (P.O. Box Number is Not Accept	table)		
FU	111AHUN FL 33324			83				
			1	"				
				84 City			·	
Pursuant	t to the provisions of Sections 607.0502 registered agent, or both, in the State or am familiar with, and accept the obligation	and 507 4500 Ft		l 1		EI	85 Zip	Code
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida, Such change was a	tes, the at	ove-named cor	poration submits this statement for the	Durnose of	• •	
		ons of, Section 607.0505, Fic	rida Statu	ites.	tion's board of directors. I hereby accep	pt the appoi	ntment as r	is registered eaistered
						• • •		ogiotorou
NATURE								
NATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE						
	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE	: Registered /	Agent signature require	ed when reinstating)	DATE		_ _
	Signature, typed or printed name of registered agent a OFFICERS AND CEO	and title if applicable. (NOTE		Agent signature require			D DIRECT	ORS IN 12
	Signature, typed or printed name of registered agent a OFFICERS AND CEO RYON, FRANCIS W., JR.	and title if applicable. (NOTE	13.	Agent signature require	ed when reinstating)		D DIRECTO	ORS IN 12
ET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND CEO RYON, FRANCIS W., JR. 488 BOSPHORUS AVE	and title if applicable. (NOTE	13. 1.1 TITL	Agent signature require	ed when reinstating)			
E ET ADDRESS ST-ZIP	OFFICERS AND CEO RYON, FRANCIS W., JR. 488 BOSPHORUS AVE TAMPA FL	and title if applicable. (NOTE	13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature require LE ME EET ADDRESS	ed when reinstating)			
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07, Florida Statutes; and that my name appears in

1/29/99 (813) 876-2455