## 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** 

## DOCUMENT # K74062 1. Corporation Name

RUTH CARLTON INVESTMENTS, INC.

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90042 027 \*\*\*150.00



					{	
Principal Place	of Business	Mailing Address				
7600 INTERNATIONAL DRIVE 7600 INTERNATION						
ORLANDO FL 32819		ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE	
	•				3. Date Incorporated or Qualifed	
ii.					03/13/1989	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26 1148 Washir	nato	n Ave.	<b>59-2938573</b> Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- J		\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	3	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28 Winter Parl	<b>k, F</b> :	lorida	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible	
24	25	29 32789 30	0		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			8	Name		
	EN, HARRIS	•	8:	82 Street Address (P.O. Box Number is Not Acceptable)		
	INTERNATIONAL DRIVE				-	
UHL	ANDO FL 32819		8:	3		
	``````````````````````````````````````		84	City	FL 85 Zip Code	
• • •	/			1	poration submits this statement for the purpose of changing its registered	
agent. I as	n familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statute	s.	on's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·		ent signature require		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	D	☐ DELETE	1.1 TITLE			
NAME	CARLTON, RUTH		1.2 NAME			
STREET ADDRESS	7600 INTERNATIONAL DRIVE			ET ADDRESS	والمرابع معينيين ومران	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-		· Change Addition	
TITLE		☐ DELETÉ	2.1 TITLE		· Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY	·ST-ZIP		
TITLE	·	☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME .			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY+ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS		,	6.3 STRE	ET ADDRESS		
OTTY OT ZID			6.4 CITY-	ST-ZIP		

14. 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 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 supplied with this report or 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 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 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 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 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 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 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 supplied with supplied with the information supplied with the information supplied with supplie

SIGNATURE:

CHICARTINE REQUIRED

Daytime Phone #