FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K96495

1. Corporation Name

(2)

RTO MANAGEMENT, INC.

Principal Place of Business Mailing Address							EL BURK BARRA BU	ia film di	AT BLOTH BIRTH HARI	
4549 SAMUEL ST 4549 SAMUEL ST SARASOTA FL 34233 SARASOTA FL 34233										
						06/19/1989		3a. Date of Last Report 05/01/1995		
2. Principal Place of Business		2a. Mailing Address	Juneary Co. T. Land			4. FEI Numbor		1	Applied For	
Suite, Apt. #, etc.			26 P. O Box 21269 Suite, Apt. #, etc.			65-0134840			Not Applicable	e
22		50/te, Apr. ≠, etc.				5. Certificate of Status Desired	k		75 Additional	
City & State		City & State				& Election Council Figure			Required	_[
23		28 SARASOTA F		<u></u>		Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intanoible ta			
24	25				Florida Statutes Yes No				, 100.00z.,	
	9. Name and Address of C	urrent Registered Agent		· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New F	Registered .	Agent		-1
MODIE	TAU PRUSE			81	Name					
	TON, BRUCE Amuel St		ļ	82	Street Addres	ess (P.O. Box Number is Not Acceptable)				
	OTA FL 34233			83					***************************************	
Onthol	VIA FL 04200			03						
			Ī	84 (Orty		······	85 Zi	ip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statute	as the abov	l	ned corrorat	ion submits this statement for the pur	<u> </u>			
or register familiar wi	ed agent, or both, in the State of th, and accept the obligations of	Florida. Such change was authorize Section 607,0505, Florida Statutes.	ed by the o	orpora	ation's board	ion submits this statement for the pur of directors. I hereby accept the app	pose of cha pintment as	nging its i registered	registered offic I agent. I am	ю
SIGNATURE	and the separate of the separate of the	Cocaca Cor (Coco), Florida Statutes,								
	Signature, typico or profed name of registered		TE: Registered /	gent s	gr)ature required w	rnen reinslatingi	DATE			
12.	OFFICERS DP	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12	
TITLE	MIDDLETON, BRUCE	DELETE	1.1 1/1	. 1 TITLE] Change	Addition	7
MIDDLETON, BRUCE STREET ADDRESS 4549 SAMUEL STREET			1.2 NAI	1.2 NAME						
CITY-S1-ZIP	SARASOTA FL		1.3 STR	EET ADI	DRESS					
TITLE	DELETE			· ST - Z	IP				· · · · · · · · · · · · · · · · · · ·	_] 2
NAME	["] Ntt it		1	2. 1 TITLE			Ę] Change	Maddition	15
SYREET ADDRESS				-						
CITY-ST-ZIP			2.3 STA							
TITLE		DELETE	2.4 C/TY 3. 1 1/T		F			Change	Fin Again	
NAME			3.2 NAM				L] Change	Addition	
\$18EE1 ADDRESS			3.3 STR		DRESS					
CITY-ST-ZIF			3.4 CITY		J					ĺ
TITLE		☐ DELETE	4 1 1111					Change	Addition	\dashv
NAME			4.2 KAM	E					Land The State of	
STREET ADDRESS			4.3 S1R	ET ADD	RESS	•				
CITY - ST - 7IP			4.4 CITY	-SI-74	Р					ĺ
THILE		☐ DELETE	5 1 T TL	E				Change	Addition	1
NAME			5.2 NAM	Ė					:	
STREET ANDRESS			5.3 STRE	et addi	RESS					
CHTY - ST - ZIF		Party P. P. L.	54 C/TY							
TITLE		DELETE	6 1 THL					Change	Addition	1
NAME DESCRIPTION OF			6.2 NAM							
STREET ADDRESS			6.3 STRE		1					
CITY-ST-ZIP			6.4 CITY	\$1 - 7 iP						

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

HONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/25/96 (941)924-2617

CR2E034 (12/95)