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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # L00214



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90126 041 ***150.00



RITL, INC.	

Principal Place	e of Business	Ma	iling Address					I IMBILANT DEL MAINE MANCA TIMBE I	ANIA MANA MANTA NA	811 8(BI) EI	811 8181	1 81811 1881
5929 14TH ST N		BRA	9 14TH STW DENTON FL 34207					DO NOT WE	NTE IN THE	CDACE		
US	·	US						DO NOT WR 3. Date Incorporated or Qualifect		SPACE		
								07/05/1989	1			
2 Dringing D	loca of Business	25	Mailing Address					4. FEI Number			Annli	ed For
—	lace of Business	26	Maining Address					65-0167679		H	- ' '	Applicable
Suite, Apt.	# ote		Suite, Apt. #, etc.					03 0 107079		\$8.7		dítional
22	m, etc.	27				-		5. Certificate of Status Desired	. 🗆 🚄	•	Requ	
City & State	e		City & State					6. Election Campaign Financing		\$5.0	00 м	ay Be
23		28	•					Trust Fund Contribution		•	ed to	
Zip	Country	_	Zip	Cou	ıntry			8. This corporation owes the cur	rrent year Int	angible		
24	25	29		30				Personal Property Tax.		Yes]No
	9. Name and Address of Curren	nt Regist	ered Agent					10. Name and Address of New	Registered.	Agent		
					81	Name						
	N, PETER J				82	Street	Addres	ss (P.O. Box Number is Not Accep	table)			—
	CYPRESS WOOD LANE				-	011001	, 100.00					
SAR	ASOTA FL 34243				83							
					84	City				85 2	Zip Co	de -
						•			F <u>L</u>			
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statut	es, the a	bove	-named	corpor	ation submits this statement for the	e purpose of	changing	its re	gistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida itions of.	a. Such change was a Section 607.0505, Flo	uthorized rida Stat	d by t utes.	the corp	oration	s board of directors. I nereby acce	spi ine appoi	mnen a	s regis	SICI BU
agom. ra			,									4
CICNATURE												
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE	: Registered	Agent	t signature r	required w	when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AN		CTORS	13.		t signature r	required w	when reinstating) ADDITIONS/CHANGES TO O				
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CITY-ST-ZIP 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:

MANN

PRETIDENT

Daytime Phone #