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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **L30462**

RUTLAND SPITZER ENTERPRISES, INC.



Katherine Harris

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90099 030 ***163.75



Principal Place	of Business	Ma	iling Address				f 1981/011 das their delig ditta use albit bist bible dien albit delig	
1100 MONTICELLO BLVD 1100 MONTICELLO BLVD N								
ST PETERSBURG FL 33703 US			ST PETERSBURG FL 33703 US				DO NOT WRITE IN THIS SPACE	
00		-					3. Date Incorporated or Qualifed	
							11/14/1989	
2. Principal Place of Business 2a.			Mailing Address				4. FEI Number Applied For	
21			26				59-2981482 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip Country		1	Zip Cour			C. This despotation and admining a managery		
24	25 29 30		30			Personal Property Tax. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	
A	TD D00507				81	Name	e	
SPITZER, ROBERT					82 Street Address (P.O. Box Number is Not Acceptable)			
	1100 MONTICELLO BLVD N							
11	ETERORURA EL AAZAA				83			
ST PETERSBURG FL 33703					84	City	85 Zip Code	
						•	 	
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.								
SIGNATURE	Park &	$\sqrt{1+\frac{1}{2}}$	ton - Rus	ent	- 1	" - "I	Spitzen 3/16/89	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					d Agen	t signaturg re	Prequired when reinstating) DATE DATE	
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		☐ DELETE	1.1 T				
NAMÉ	SPITZER, ROBERT S.			1.2 N				
STREET ADDRESS	1100 MONTICELLO BLVD N			1.3 STREET ADORESS		S		
CITY-ST-ZIP	ST PETERSBURG FL 33703			ITY-S1	-ZIP	☐ Change ☐ Addition		
TITLE	DT		☐ DELETE	2.1 TITLE		1	Change	
NAME	SPITZER, DENNIS A.			2.2 N		1		
STREET ADDRESS	1100 MONTICELLO BLVD N			2.3 S	TREET	ADDRESS	S	
CITY-ST-ZIP	ISLAND PARK NY 33703			_	:TY-\$	T-ZIP	Charge C Addition	
TITLE	VSD - in-		~~⊡ DELETE	3.1 T		- 1	Change Addition	
NAME	SPITZER, KATIE			3.2 N				
STREET ADDRESS	1100 MONTICELLO BLVD N					ADDRESS	S	
CITY-ST-ZIP	ST PETERSBURG FL 33703		——————————————————————————————————————		TY-S	T-ZIP	. Change Addition	
TITLE			☐ DELETE	4.1 T		1	☐ Change ☐ Addition	
NAME					IAME	1		
STREET ADDRESS					•	ADDRESS	SS	
CITY-ST-ZIP				_	ITY-SI	r-ZIP		
TITLE			☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME				5.2 N				
STREET ADDRESS				1		ADDRESS	S	
CITY-ST-ZIP					ITY-SI	r-ZIP		
TITLE			☐ DELETE	6.1 T			☐ Change ☐ Addition	
NAME					AME			
STREET ADDRESS						ADDRESS	S	
CITY+ST-ZIP % .	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			6.4 C	ITY-SI	T-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:

HO REQUIRED