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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N95000002025 (3)

PROJECT RUTH, INC.



	e of Business			lailing Address			L HOUSTING DAG SDEAL OTHER ONESE SANS			
30695 S.W. 162ND AVE. HOMESTEAD FL 33033			30695 S.W. 162ND AVE. HOMESTEAD FL 33033							
							3. Date Incorporated or Qualified 04/28/1995	3a. Date	e of Last	Report
2. Principal P	lace of Busine	SS	2a	. Mailing Address			4. FEI Number	l		Applied For
21			26	·· · · · · · · · · · · · · · · · · · ·			65-05 9313 9			Not Applicable
Suite, Apt.			27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	e		28	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Ζίρ 24		Country 25	29	Zip	Country 30	y	This corporation has liability for a Florida Statutes	ntangible tax	under s.	
		and Address of C		stered Agent			10. Name and Address of New R			
					81	Name		-3	3 0111	
HARTZI	er, kathle	FN			_	1				
	S.W. 162ND				82	Street	Address (P.O. Box Number is Not Acceptab	le)		
	TEAD FL 33				83	 				
		-								
					84	City		FL	85 Zıj	Code
11. Pursuant	to the provisio	ns of Sections 617	.0502 and 61	7.1508, Florida Statute	es, the above-	named c	orporation submits this statement for the pur		oing its r	enistered office
Or register	oo agant, or t	ion, in the state of	i rionda suci	h change was authorize .0503, Florida Statutes	ea ov the com	poration's	i board of directors. I hereby accept the appo	pintment as re	gistered	agent. I am
	, aa moodp	o ozgadone o	, 0000011 011,	.0000, i kinda Otatotes						
CIGNIATURE										
SIGNATURE	Signature typed o	printed name of registers	d agent and life if	applicable (NO	TE: Registered Age	nt signature i	required when reinstating	DATE		
SIGNATURE 12.	Signature typed o		ed agent and lifte if a		TE: Registered Age	nt signature i	required when reinstating: ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	IRS IN 12
•	Signature typed or					nt signature i	required when reinstating: ADDITIONS/CHANGES TO OFFI President	CERS AND [
12.	Signature typed or			CTORS	13.	P	ADDITIONS/CHANGES TO OFF	CERS AND [DIRECTO Change	PRS IN 12
12. TITLE	Signature typed o	OFFICER	S AND DIREC	CTORS	13. 1.1 TITLE 1.2 NAME	P	ADDITIONS/CHANGES TO OFFI	CERS AND [
12. TITLE NAME	Signature typed or		S AND DIREC	CTORS	13. 1.1 TITLE 1.2 NAME	D T ADDRESS	ADDITIONS/CHANGES TO OFFI President Ted Greer, Jr	CERS AND [
12. TITLE NAME STREET ADDRESS	Signature typed o	OFFICER	S AND DIREC	CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	D T ADDRESS	ADDITIONS/CHANGES TO OFFE President Ted Greer, Jr 12401 SW 224 St	CERS AND E		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed o	OFFICER	S AND DIREC	CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFI President Ted Greer, Jr 12401 SW 224 St Miami, FL 33170	CERS AND E	Change	Addition
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

TED Greer, Jr april 29,96 257-1573

GOFFICER OR DIRECTOR