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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

1. Corporation Name

P05750

(5)

R.I. REST INTERNATIONAL INC.

| n.r. D   | DEST INTERNATIONAL, INC   | <i>J</i> ,  |   |  |  |                                       |
|--|---|---|---|--|--|---------------------------------------|
| Principal Place  | of Business   | Mailing Address                                   |   | I REDIROUR ALL BOIDE DELIE   | 8001 61411 0611 <del>1</del> 1611 61611 61611        | ETERN BURN BURN ABBU                  |
| 475 SILVER LAKE<br>SANFORD FL 32773  |   | 1775 E. LAKE MARY BLVD.<br>SANFORD FL 32773<br>US |   |  |  |                                       |
| 12 20 100  |   |   |   | 3. Date Incorporated or Quali<br>04/22/1985  | ified 3a. Date of Last 05/01                         |                                       |
| 2. Firincipal Pla $f 1775~E$ .   | ce of Business Lake Mary Blvd.  | 2a. Mailing Address                               |   | 4. FEI Number<br>34-1464887  |  | Applied For<br>Not Applicable         |
| Suite, Apt. #<br>22  | , etc.  | Suite, Apt. #, etc.                               |   | 5. Certificate of Status Desire  |  | 75 Additional<br>e Required           |
| City & State   | , Florida   | City & State                                      |   | Election Campaign Financi     Trust Fund Contribution                                    | ing 🖺 <b>\$5</b> .                                   | .00 May Be                            |
| Z <sub>[0</sub><br>24] 32773   | Country   | Zip 29  | Country<br>30   | 8. This corporation has liabilit   |  | s 199.032,                            |
| TL 34//3.  | 25 Seminole 9. Name and Address of Curren                                       |   | 130   | 10. Name and Address of N  |  |                                       |
|  |   |   | 81 Nam  |  | new magnetotan wildur                                |                                       |
| BEST, TED A.  475 SILVER LAKE ROAD 1775 E. Lake Mary Blvd. SANFORD FL-1871 32773   |   |   | 82 Street<br>83 Street  | 83   |  |                                       |
| ·- · · ·   |   |   |   |  |  | •                                     |
| or registere   | d agent, or both, in the State of Florica, and accept the obligations of, Secti | da. Such chance was author                        | rized by the corporation  | corporation submits this statement for the<br>'s board of directors. I hereby accept the | ie purpose of changing it<br>appointment as register | s registered office<br>ed agent. I am |
| 5  | Sphalure, typest or printed name of registered agent                            |   | NO*E. Registered Agent signatur   | e required when reinstating)   | DATE   |                                       |
| 12.  | OFFICERS AND  |   | 13.   | ADDITIONS/CHANGES TO   |  |                                       |
| THILE  | PTD PIOUADD I   | DELETE  | 1. 1 TITLE  | VP   | ☐ Chang  | e 🔀 Addition                          |
| NAME   | BEST, RICHARD L.  |   | 1 2 NAME  | William Kavanaugh  | 1  |                                       |
| STREET ADDRESS   | 824 BEV ROAD  |   | 1.3 STREET ADDRES   | 0011 0010011   |  |                                       |
| TOLE   | YOUNGSTOWN OH   | DELFTE  | 1.4 CITY - ST - 7IP   | Boardman, Ohio 4   | 4512   |                                       |
| NAME   | VS<br>BEST TED A  | [ ] OELLIE  | 2 1 THLE  |  |  |                                       |
|  | Best, ted A.<br>1775 E. Lake Mary Blvd.   |   |   |  | Change   | e 🔲 Addition                          |
| STREET ADDRESS   |   |   | 2 2 NAME  |  | Unang  | e L Addition                          |
| one prise. I   |   | ı   | 2 3 STREET ADDRESS  | 5  | [] chang   | e [] Adoition                         |
|  | SANFORD FL  | 5: 5  | 2 3 STREET ADDRESS  | 5  |  | _                                     |
|  | SANFORD FL<br>V   |   | 2 3 STREET ADDRESS<br>2 4 CITY - ST - ZIP<br>3 1 TITLE  | 5  | □ Chang  | _                                     |
| TITLE<br>NAME  | SANFORD FL<br>V<br>Best, Mark R.  | 5: 5  | 2 3 STREET ADDRES:<br>2 4 CHTY-ST-ZIP<br>3 1 THE<br>3.2 NAME  |  |  | _                                     |
| TITLE<br>NAME<br>STIFEET ADDRESS   | Sanford Fl.<br>V<br>Best, Mark R.<br>9896 Deltona Drive                         | 5: 5  | 2 3 STREET ADDRES: 2 4 CITY-ST-ZIP 3 1 TITE 3 2 NAME 3 3 STREET ADDRES  |  |  | _                                     |
| TITLE<br>NAME<br>STHEET ADDRESS<br>CITY - ST- ZIP  | SANFORD FL<br>V<br>Best, Mark R.  | 5: 5  | 2 3 STREET ADDRES:<br>2 4 CHTY-ST-ZIP<br>3 1 THE<br>3.2 NAME  |  | ☐ Changi   | e Addition                            |
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| TITL F NAME STHEET ADDRESS GUY-SI-ZIP TITLE NAME STHEET ADDRESS  | Sanford Fl.<br>V<br>Best, Mark R.<br>9896 Deltona Drive                         | ☐ DELETE  | 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3.2 NAME 3 3 STREET ADDRES 3 4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS   | 5  | ☐ Changi   | e Addition                            |
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| CITY-SE ZIP TILLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS  | Sanford Fl.<br>V<br>Best, Mark R.<br>9896 Deltona Drive                         | DELETE  | 2 3 STREET ADDRES 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRES 3 4 CITY-ST-ZIP 4. 1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRES 5 4 CITY-ST-ZIP 6 1 TITLE | S  | Change   | e Addition  e Addition  Addition      |

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 churgled are on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: ✓

123/94 407-321-1285