



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P22325 1. Entity Name RYCOLINE INCORPORATED	
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Principal Place of Business 312 SE 17TH ST. SUITE 300 FT. LAUDERDALE, FL 33316	Mailing Address 312 SE 17TH ST. SUITE 300 FT. LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2686229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALMER, CHARLES L., III 312 SE 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

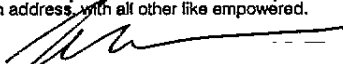
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000055358 02/17/04-80035-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PALMER, CHARLES L. 312 SE 17TH STREET SUIT E300 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOL, NORMAN J. 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, GARY A. 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCHE, JAMES M. 312 SE 17TH STREET STE 300 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DRESSLER, SHARON K 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-4-04 954-463-0689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #