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

Mailing Address
320 DEBUEL ROAD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

320 DEBUEL ROAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9200009645 (2)

RITTING INFORMATION SYSTEMS, INC.

LUTZ FL 33549 LUTZ FL 33549-5444 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1992 01/26/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3177558 21 26 Not Applicable \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zio This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BEBEAU, CHRISTY M S20 DEBUEL ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549 B3** 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition TITLE 1.1 TITLE BEBEAU, CHRISTY M 1.2 NAME NAME 320 DEBUEL ROAD 1.3 STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** CITY - ST- ZIP 1.4 CITY-ST-ZiP DELETE Change Addition 21 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME

14. I do 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.

3.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4 1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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□ DELETE

SIGNATURE

STREET ADDRESS

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CITY - ST - ZIP

TITLE

NAME

TITLE

NAMA

TITLE

NAME

and Mille Christy M. Bebeau SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97

948-37//

Change

Change

Change

Addition

Addition

___ Addition

FILED

Feb 14 1997 8:00am

Secretary of State