FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # 1. Corporation Name	P9300004	17592 (9)					
RYMIK OF ORLAND	O, INC.						
Principal Place of Business	Mai	ling Address					
974 W. HWY 434 LONGWOOD FL 32750 US		974 W HWY 434 LONGWOOD FL 32750 US					
2. Principal Place of Business 21	2a. 26	Mailing Address					



3. Date incorporated or Qualified 07/07/1993

3a. Date of Last Report 01/24/1995

. Principal Plac	ne of Business	2a. Mailing Addres	s			4. FEI Number		- 	Applied For
Through the so the street		26	F-1 "			59-3192120 Not Applicat			
Scote, Apt. #, etc		⊢ ⊣	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required				
27 City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	- T			
Zμı	Country Zip 25 29 30			Country		8. This corporation has liability for intengible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curr			I		10. Name and Address of New	Registered	d Agent	
				81	Name				
KUSSNI	er, miles			82	Street Addre	ss (P.O. Box Number is Not Accepta	ible)		
604 RIVERVIEW LANE									
			63						
			84	City			B5 Z	ip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo 					•		F	_ , ,	
- familiar with SNATURE	i, and accept the obligations of, Se	ection 607.0505, Florida S	tatutes.			of directors. I hereby accept the ap	DATE		
	Suprature, typical or printed memorphisms derect as	AND DIRECTORS	(NOTE Registero	o Agent	signaruni reijuireo	ADDITIONS/CHANGES TO O		ND DIRECT	ORS IN 12
	n ornorna	DELET		TITLE	····· 1			☐ Change	Additio
1:	KUSSNER, MILES 1	_		IAME					
EEL ADDRESS	604 RIVERVIEW LANE				DORESS				
/ SI-7P	ALTAMONTE SPRINGS F	L 32714		DIY-SI					
F	D	DELE!		TITLE				Change	Additio
15	KUSSNER, RITA Y		221	NAME					
EFT ADDRESS	604 RIVERVIEW LANE		235	STREET A	DDRESS				
r-S1-Z-P	ALTAMONTE SPRINGS F	ALMANDE ARRIVA EL ASTAL		CITY - ST	- ZIP				
f T		DELE	IE 3 1	TITLE				☐ Change	Addition
Æ			321	NAME					
EET ADDRESS			. 33	STREET.	ADDRESS				
Y - ST - ZIF				CITY-ST	· ZIP				
LF		☐ DELLE		TITLE				☐ Change	Addition
ME				NAME					
EET ADDRESS					ADORESS				
Y SI ZIP		Filter F		CITY-ST	- ZIP			[Change	☐ Additi
rt		DELF		TITLE				change	
di .				NAME	ADDDCCC				
RELLI ADDRESS			•	STREET I	ADDRESS				
Y <u>\$1-7</u> F		T DELE		TITLE	- 114			Change	Additi
				NAME				_ •	_
MI II CA ADIADI CO					ADDRESS				
REPAIRES 1998				CITY - ST					
1Y-SI-7P	l y certify that the information suppli	ed with this filing is volunta innual report or supplemen	vilu turnichod and	d does	not qualify fo	or the exemption stated in Section 1	19.07(3)(k).	Florida Stat	utes. I further

SIGNATURE:

3 Feb 1994 407-380.8531