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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State

1996

P9300081100 (8)

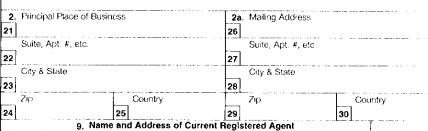
JOCUMENT #	P93000001100	(0)
RITE ANGLER, INC.		

Principal Place of Business

1100 NW 53RD STREET #2
FT. LAUDERDALE FL 33309

HARGADEN, JOHN 3007 CORMORANT RD. DELRAY BEACH FL 33444 Mailing Address

1100 NW 53RD STREET #2
FT. LAUDERDALE FL 33309





3a. Date of Last Report

02/14/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

			Trust Fund Contribution		Added to Fees
	Countr 30	У	8. This corporation has liability Horida Statutes	for intangible to	ax under s. 199.032,
nt	T -	······································	10. Name and Address of No	w Registered	Agent
	81	Name			
82 Street Addre		Street Addres	s (P.O. Box Number is Not Acce	ptable)	
	83	3			
	84	City		EI	85 Zip Code

3. Date Incorporated or Qualified

01/01/1994

65-0450121

5. Certificate of Status Desired

6. Election Campaign Financing

4 FET Number

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

2.	OFFICERS AND DIRE	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IIIF	PSD	DELETE	1 1 TITLE	Change Additio
IAME	HARGADEN, JOHN		1.2 NAME	
TREET ADDRESS	3007 CORMORANT RD.		1.3 STREET ADDRESS	
i Y - ST - ZIP	DELRAY BEACH FL 33444		1.4 C/TY - ST - 2/F	
l [†] L F		DELETE	2 1 TITLE	☐ Change ☐ Additio
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'LF		☐ DELFTE	6 1 TITLE	Change Addit o
ME			6.2 NAME	
IREET ADDRESS			63 STREET ADDRESS	
TY-ST-ZiP			6.4 City - St - ZiP	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 491-8562