Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90007 028 ***150.00

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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021042

1. Corporation Name

R INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address					
1650 SE 17 ST CAUSEWAY		1650 SE 17 TH ST CAUSEWAY					
SUITE 204		SUITE 204			DO NOT WRITE IN TH	IIS SDACE	
		FT LAUDERDALE FL 33316			3. Date Incorporated or Qualifed	113 SPACE	
US US					03/18/1994		
					4. FEI Number	An	plied For
2. Principal Place of Business		2a. Mailing Address			 	t Applicable	
21		26			65-0600740	\$8.75 A	(
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re		
22	<u> </u>	City 9 State			S. Flanting Compaign Financing	\$5.00	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23	Country	28	Countr	v	This corporation owes the current year		
Zip			_	,	Personal Property Tax.		□No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Register		
	3. Name and Address of Cutter	r iredistant udain	8	1 Name		-	
SAN	TANGELO, CARL G		Ľ				
3000 NORTH FEDERAL HWY			8:	2 Street A	Address (P.O. Box Number is Not Acceptable)		
BLDG. 2 SUITE 200			8:	3			
FORT LAUDERDALE FL 33306				"			
100	T ENDERIDALE I E 00000		8	4 City		EL 85 Zip (Code
	·				corporation submits this statement for the purpose		registered
office or p	egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was auti	horized D	v tne corbo	ration's board of directors. I hereby accept the ap	pointment as re	gistered
CIGITAL	Clanatum hand as printed name of registered ages	nt and title if applicable (NOTE: R	egistered Ag	ent signature re	guired when reinstating) DATE		
_	Signature, typed or printed name of registered ager			ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE: R) D DIRECTORS DELETE	13.		ed a montonial and	AND DIRECTO	RS IN 12
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		ed a montonial and		
12. TITLE NAME	PD RYAN, THOMAS J III	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	:	ed a montonial and		
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Thomas J. Ryan III, Pres. QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 745-1200

Daytime Phone #