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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000025088 (3)

RYLAR COMPANY, INC.

Principal Place of Business Mailing Address 3021 W WATERS AVE 3021 W WATERS AV TAMPA FL 33614 TAMPA FL 33614-18:							
					3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 03/07/1996	
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3239706	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
<b>Z</b> ip <b>24</b>	Country 25	Zip <b>29</b>	Country 30			Yes No	
DE	9, Name and Address of Curren	t Registered Agent	81	Mana	10. Name and Address of New Reg	elstered Agent	
REIBER, JACOB I 27429 HWY 54TH W WESLEY CHAPEL FL 33544			82	Name Street Addr	ddress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		FL 85 Zip Code	
agent. ra	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida Such change was ations of, Section 607.0505, I	utes, the above authorized by Florida Statutes	-named corp the corporat	oration submits this statement for the pulion's board of directors. I hereby accept	urpose of changing its registered the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NC	OTE: Registered Age	nt signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TOTLE			1.1 TITLE			Change Addition	
NAME	REY, FRANK 817 S WESTSHORE BLVD		1.2 NAME				
STREET ADDRESS	TAMPA FL 33609		1.3 STREET				
CITY-ST-ZIF TITLE	DELETE		1.4 CITY - S 2.1 TITLE	T- ZIP		Change Addition	
NAME	L_J DECETE		2.1 HILE 2.2 NAME			m overfie myoquon	
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY - ST - ZIP			2.4 CITY - S				
TITLE			3.1 FITLE			Change Addition	
NAME			3.2 NAME		1.2		
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY+ST-ZIP			3.4. CITY-S	T-ZIP			
TOTLE.	☐ DELETE 4		4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CHY-ST-ZIP		······································	4.4 CHTY-S	r - ZiP			
TITLE		<b>∐</b> DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP		····	5.4 CITY - \$1	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	- 1		Change Addition	

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 compragion or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Florida Statutes; and that my name appears in Block 12 or Block 13 if

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY - ST - ZIP

813) 533-9321

**FILED** 

Feb 04 1997 8:00am

Secretary of State