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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE: ,

P94000037893 (2)

	RIC MOTORS OF MARAT	THON, INC.			
Principal Place of Business		Mailing Address		r tadisanı dim lairi bilgir dörit d	BANI BANIA BALAN MANIN IMBAN IMBIN BALAN UKAN IMBE
1620 Overseas Highway Marathon Fl 33050		1620 OVERSEAS MARATHON FL (			
The state of the s		• · · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 05/19/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla 1	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0491281	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc	<u> </u>		Not Applicable \$8.75 Additional
2		27	- ·	5. Certificate of Status Desired	Fee Required
City & State	<b>a</b>	City & State		6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	28 Ziçi	Country	Trust Fund Contribution	Added to Fees
4	<b>25</b>	2.g)	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Cu			10. Name and Address of New I	<del>_</del>
			81 Name	***************************************	
WRIGHT, THOMAS D ESQ. FIRST PROFESSIONAL CENTRE, SUITE 17 5701 OVERSEAS HIGHWAY		82 Street A	Address (P.O. Box Number is Not Acceptal	ole)	
		UITE 17		Total Control of Contr	
			83		_
MAKAI	THON FL 33050		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	1502 and 607.1508, Florida St.	atutes the above-named co	rporation submits this statement for the pu	FL
or registere	ed agent, or both, in the State of F th, and accept the obligations of S	rionda. Such change was auth	orized by the corporation's I	board of directors. I hereby accept the app	rpose or changing his registered onlice iointment as registered agent. I am
			· don		
	, , , , , , , , , , , , , , , , , , , ,	Section 607,0505, Fiorida Stat	utes.		
SIGNATURE	Signature, typed or printed name of registered a		UTES. (NOTE Registered Agent signature re	oquired when reinstating)	DATE
SIGNATURE	Sagnature injured or printed name of registered a OFFICERS	agent and life if applicable AND DIRECTORS	(NOTE Registered Agent signature re	ocured when reinstaling! ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
SIGNATURE	Sajusturic spheri or pre ted name of registered a OFFICERS PTD	agent and little if applicable	(NOTE Rogistered Agent signature re  13. 1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	
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96 (305) 872-965/