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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051769

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

RITTER HOLDINGS II, INC.

						l (Billiam) ith totic asott motel door ontil on		
Principal Place of Business Mailing Address								
16900 S. DIXIE HWY 16900 S DIXIE HIGHWAY								
MIAMI FL 33157	•	MIAMI FL 33157				DO NOT WRITE IN THIS SPACE		
US		US			•	3. Date Incorporated or Qualified		
						07/08/1994		ì
		1 - AB 201 A 1 F				4. FEI Number		pplied For
2. Principal Place of Business 2a. Mailing Address								lot Applicable
21	Suite, Apt. #, etc.	- 0-4 H -4-			65-0571158	\$8.75		
			Apt. #, etc.		-	5. Certificate of Status Desired		Required
22	27 City 8 Chate	City 9 State						
City & State	е	City & State				6. Election Campaign Financing		May Be
23		28	Cour	nter/		Trust Fund Contribution		1.01 663
Zip	Country	Zip	30			 This corporation owes the current year Personal Property Tax. 	∏ Yes	□No
24	25	29 Serietered Ament	30			10. Name and Address of New Registere		
·	9. Name and Address of Current	Registered Agent		81 1	Name	IV. Halle and Addition of New Registers	ou Agum	
SCHIMMEL, ROBERT L				٠ ١	radino			
3191 CORAL WAY				82 3	Street Addres	dress (P.O. Box Number is Not Acceptable)		
PH-2				83				
–	Al FL 33145		ĺ	83				
MIN	m (C 33 (43)	84 (City	-	85 Zip	Code
						F		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-n	named corpor	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing it	s registered
office of re	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statu	ites.	e corporation	5 Board of directors. Thereby accept the dep	political de l	gistorea
SIGNATURE								Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent si	ignature required w			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TIT	LE			Change	Addition
NAME	RITTER, IJAMES R		1.2 NA	ME				•
STREET ADDRESS	RESS 16900 S. DIXIE HIGHWAY, SUITE B			1.3 STREET ADDRESS		•		[
CITY-ST-ZIP	MIAMI FL		1,4 CIT	Y-ST-Z	ZIP			
TITLE	SD DELETE 2:		2.1 TIT	LE			☐ Change	Addition
NAME			2.2 NA	ME	İ			
STREET ADDRESS	40000 O DIVIE LINEY OFF D			REET AD	DDRESS			
CITY-ST-ZIP	5.01.5.5.01 Pm			2.4 CITY-ST-ZIP			-	
TITLE	VPD DELETE 31						Change	Addition
NAME				ME				
	16900 S. DIXIE HIGHWAY, STE.	R		REET AC	DDRESS			
STREET ADDRESS	MIAMI FL			TY-ST-Z	l l			
CITY-ST-ZIP TITLE	VPD	☐ DELETE	4.1 TIT		CLF		Change	Addition
	RITTER, RAYMOND	_ 5	4. 2 NA					_
NAME					DODECC			
STREET ADDRESS	16900 S. DIXIE HWY., STE. B		E		DDRESS			ļ
CITY-ST-ZIP	MIAMI FL	The err	_	Y-ST-Z	IP		Change	Addition
TITLE		☐ DELETE	5.1 TIT				change	
NAME			5.2 NA					
STREET ADDRESS					DORESS			
CITY-ST-ZIP				Y-ST-Z	ZIP			
TITLE	_	☐ DELETE	6.1 TIT		l		Change	Addition
NAME			6.2 NA	ME	- 1			ł

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 suppliemental 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 of 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 attadoment with an address, with all other like empowered. SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-251-477