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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027316 (5)

1. Corporation Name
RAGTIME, INC.



Principal Place of Business

1601 W WATERS
TAMPA FL 33604
US

Mailing Address

1601 W WATERS
TAMPA FL 33604-2723
US

2. Principal Place of Business

21 RAGTIME

Suite, Apt. #, etc.

22 6201 50TH ST. NO.

City & State

23 TAMPA, FL

Zip

24 33610

Country

25 HILLSBOROUGH

2a. Mailing Address

26 RAGTIME

Suite, Apt. #, etc.

27 6201 50TH ST. NO.

City & State

28 TAMPA, FL

Zip

29 33610

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

BECKETT, BERYLE E
1601 W WATERS AVE
TAMPA FL 33604-2723

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

02/20/1996

4. FEI Number

59-3309249

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

BECKETT, BERYLE E.

82 Street Address (P.O. Box Number is Not Acceptable)

6201 50TH ST. NO.

83

84 City

TAMPA

FL

85 Zip Code

33610

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

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE

NAME BECKETT, BERYLE E
STREET ADDRESS 12100 N EDISON AVE
CITY - ST - ZIP TAMPA FL

TITLE P ☐ DELETE

NAME MOSCATO, JOSEPH L.
STREET ADDRESS 1220 N EDISON
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition

1.2 NAME SAME

1.3 STREET ADDRESS 12120 N. EDISON

1.4 CITY - ST - ZIP TAMPA, FL 33612

2.1 TITLE SAME ☒ Change ☐ Addition

2.2 NAME SAME

2.3 STREET ADDRESS 12120 N. EDISON

2.4 CITY - ST - ZIP TAMPA, 33612

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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: Beryl Beckett (BERYL BECKETT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97 813-935-9312

Date Daytime Phone #

CR2E034 (9/96)