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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 18 1998 8:00am Secretary of State

DOCUMENT #	P95000027316	(5

1. Corporation	Namo # P950C	10027316 (5	)		
RAGTIN	AE, INC.			a lagitati ili jelo alili guli nalit talit galia	(814 1886
Principal Place	e of Business	Mailing Address		F (COLISON EIN INCHT MINT DAVIT ANVIL ANVI	IND TANKO TITOL TINTE NUT TON
RAGTIME		RAGTIME			
6201 50TH S1		6201 50TH ST N		DO NOT WRITE IN THIS	PRACE
TAMPA FL 33 US	610	TAMPA FL 33610 US		3. Date Incorporated or Qualified	STACE
00		00		04/03/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3309249	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6 Florting Compales Financing	···
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Žφ	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
	CKETT, BERYL E		l Name		
	)1 50TH ST N		82 Street A	Address (P.O. Box Number is Not Acceptable)	
IAI	MPA FL 33610		83		
			84 City		85 Zip Code
				F	
office or re	to <b>the</b> provisions of Sections 607.0f a <b>gister</b> od agent, or both, in the Sta m f <b>ami</b> liar with, and accept the obli	te of Horida. Such change wa	s authorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	of changing its registered oppointment as registered
SIGNATURE		·			
12.	Signature typed or printed name of registered a OFFICERS A	ND DIRLCTORS	OTE: Rogistered Agent signature  13.	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	81	DELFTE	1.1 THEF	ADDITIONAL OF A CONTROLLIS AL	Change Addition
NAME	BECKETT, BERYLE E		1.2 NAME		
STREET ADDRESS	12120 N EDISON		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	р	☐ DELETE	2.1 TITLE		Change Addition
NAME	MOSCATO, JOSEPH L.		2.2 NAME		
STREET ADDRESS	12120 N EDISON		2.9 STREET ADDRESS		
CITY-ST-ZiP	TAMPA FL	Druste	2. 4 CITY - ST - ZIP		The Thates
TITLE		L DELETE	3.1 THLE		☐ Change ☐ Addition
NAME CYDEET ADODESC			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4 CITY-S1-ZIP		
TITLE		DELETE	4.1 TIFLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		\frac{1}{2}
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(TY+S1-Z(P		
TITLE		☐ DELETÉ	6.1 TITL€		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CNY- 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6-12-98