

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000059456 (0)

1. Corporation Name
WM. RITZI LIMITED, INC.

Principal Place of Business
180 SOUTH BEACH STREET
DAYTONA BEACH FL 32114

Mailing Address
180 SOUTH BEACH STREET
DAYTONA BEACH FL 32114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1995	
21		26		4. FEI Number 59-3327762	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent DUNN, EDGAR M JR. 347 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH FL 32114		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	RESIDENT
NAME	RITZI, THOMAS F	1.2 NAME	RITZI, THOMAS F.
STREET ADDRESS	17 TAFFANY CIRCLE	1.3 STREET ADDRESS	1408 OAK FOREST DRIVE
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	VP	2.1 TITLE	
NAME	RITZI, DAVID W	2.2 NAME	
STREET ADDRESS	30 WARWICK AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	TREASURER
NAME	RITZI-GRAY, CYNTHIA	3.2 NAME	RITZI-GRAY, CYNTHIA
STREET ADDRESS	828 KNOLLVIEW BLVD	3.3 STREET ADDRESS	17 TAFFANY CIRCLE
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	ORMOND BEACH FL
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	THURBER, PETER H.
STREET ADDRESS		4.3 STREET ADDRESS	1401 S. PALM BEACH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 _____
CYNTHIA A RITZI-GRAY 2/17/98 251-2552

CR2E034 (10/97)