FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

P95000073551 (0)

DOCUMENT #
1. Corporation Name

RIDGE BROKERS, INC.

Principal Place of Business
Principal Place of Business

Mailing Address



3500 ROE ROAD HAINES CITY FL 33844						3500 ROE ROAD HAINES CITY FL 33844										
											3. Date Incorporated or Ou 09/21/1995	alified	3a. Date	of Last	Report	
2. Principal Plac	2a.	Mailing Address					4. FEI Number				Applied For					
21 # 9 C Street					26 # 9 C Street						59-3337134			-	Not Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.								\$8.7	5 Additional		
22						27					5. Certificate of Status Desi	red	_		Required	
City & State						City & State					6. Election Campaign Finan	cing		\$5.1	00 May Be	
23 Haines City, Fl.					28	- **********					Trust Fund Contribution				ed to Fees	
Zip	├ ¬ ′					Zip Cou			y'		8. This corporation has liabi	ity for in	tangible ta	x under	s 199.032,	
24 33844						33844	30	<u> </u>	olk	l		Yes				
9. Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent					
WATTS, WILLIAM I																
3500 ROE ROAD								82	Street A	ddress	s (P.O. Box Number is Not Ac	ceptable)			
					83	ļ										
HAINES CITY FL 33844																
								84	1				FL		rip Code	
11. Pursuant to or registered talkillar with	11. Pursuant to the provisions of Sections 607.0502 and 601.1508, 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 faithful and accept the pulligations of Section 67.0505, Decida Statutes.															
SIGNATURE WAS A WAS A STATE OF THE STATE OF																
12.	, , , , , , , ,		OFFICERS				MOLE MO	13.	nt signarure rev	quied wh	ADDITIONS/CHANGES TO	OOFFIC	DATE EDG AND	DIDECT	ODD IN 12	
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CITY-ST-ZIP	HAINES	S CI	TY FL 33844					14 OHY-5								
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NAME							- 1	6.2 NAME								
STREET ADDRESS								63 STHEFT	ADDRESS							
CITY-ST-ZIP								64 CITY-S	1 - ZIP							
14. I do hereby o	ertify that th	ne info	ormation supplie	d with the	nis fili	ng is voluntarily fu	urnished	and does	not qualif	y for th	ic exemption stated in Section	119.07	(3)(k). Flori	da Statu	tes I further	

on the objecting that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental 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 of langed, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-96

941-421-6628