

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000076137 (5)

1. Corporation Name
RTTKN DEVELOPERS, INC.



Principal Place of Business: 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073
Mailing Address: 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report

2. Principal Place of Business: 21 Suite, Apt #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country

4. FEI Number: 59-3337666
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

9. Name and Address of Current Registered Agent
**SANTORO, THOMAS C
1700 WELLS ROAD
SUITE 5
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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] (NOTE: Registered Agent signature required when reconstituting.)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	DOWDY, ROY	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	DELETE
NAME	KNOTT, TONY	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	DELETE
NAME	SANTORO, THOMAS C	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	DELETE
NAME	KRINER, KEN	
STREET ADDRESS	1700 WELLS ROAD, SUITE 5	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

600001886726
-07/08/96--01081--021
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 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 617, Florida Statutes; that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: [Signature] THOMAS C. SANTORO 6-6-96 (904) 278-8713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)