

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90208 033 ***150.00

03/10/99

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076137

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1995

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | DOWDY, ROY | |
| STREET ADDRESS | 1700 WELLS ROAD, SUITE 5 | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KNOTT, TONY | |
| STREET ADDRESS | 1700 WELLS ROAD, SUITE 5 | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | SANTORO, THOMAS C | |
| STREET ADDRESS | 1700 WELLS ROAD, SUITE 5 | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KRINER, KEN | |
| STREET ADDRESS | 1700 WELLS ROAD, SUITE 5 | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NEWMAN, NATHAN | |
| STREET ADDRESS | 1700 WELLS ROAD | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE: _____ DATE: 3/1/99 DAYTIME PHONE #: 904 276 2615

CR2E034 (1/98)