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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000078812 (1)

RY-MOR, INC.

	III MON, ING.					I PERMITAT AND AND THIS COME COME SHARE COME AND RECEIVED HAVE AND A
Princip	al Place of Business	Mailing Address				
16	34 KINSMERE DRIVE		NOR ATT			
	EW PORT RICHEY FL 34655	1634 KINSMERE D NEW PORT RICHE				
						Date Incorporated or Qualified
						10/10/1995
	ncipal Place of Business	2e. Mailing Address				4. FEI Number Applied For
21	A de la constant	26				59-3342597 Not Applicable
22	le. Apt. #, etc.	Suite, Apt. #, etc.	 • • • • • • • • • • • • • • • • • •			5. Certificate of Status Desired \$8.75 Additional
	& State	City & State				/ ree nequired
23		28	F-3 ·			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zıp	Country	Country Zip C		ntry		This corporation has liability for intangible tax under s 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Cu	irrent Registered Agent		277		10. Name and Address of New Registered Agent
	DOOTONENTIC VENNETH O COO		ľ	81	Name	Hand 110 0 M
	PROTONENTIS, KENNETH G ESQ 1591 GULF BOULEVARD	•		82	Street Addres	ss (P.O. Box Number is Not Acceptable)
	PENTHOUSE 2		-	83		pool in cusines
	CLEARWATER FL 34630			63		and this date
	OCEANNAIENTE OFFICE			84	Crty	85 Zip Code
11. Pu	rsuant to the provisions of Sections 607.	0502 and 607,1508. Florida Statu	ites, the above	J61-D:	amed comorat	tion submits this statement for the purpose of changing its registered office
or fan	registered agent, or both, in the State of miliar with, and accept the obligations of,	Florida, Such change was author Section 607 0505, Florida Statute	ized by the co	orpo	oration's board	tion submits this statement for the purpose of changing its registered offic For directors. I hereby accept the appointment as registered agent. Fam
SIGNA		econori eci 10000, Fiorida Biallile	35.			
	Signature, typed or printed name of registered	agent and title Tappi cable (h	IOTE: Registered A	Agent	t signature required v	when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D BOANDT OUTOW	DELETE	DELETE 1 1 1 1 1			Change Addition
NAME BRANDT, CHERYL STREET ADDRESS 1634 KINSMERE DRIVE			1.2 NAM	ME		
CITY-ST-ZIP NEW PORT RICHEY FL 3			ľ	1.3 STREET ADDRESS		
TITLE	D D	T) DELETE	1.4 CITY - \$1 - 7IP 2 1 THLF		1 - 7)P	
NAME	BRANDT, ALEX		2 2 NAN			Change Addition
STREET AL	4004 4401040000000000000000000000000000			STREET ADDRESS		
CITY-ST-	ZIP NEW PORT RICHEY FL	34655		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3. 1 TIT			Change Addition
NAME			3.2 NAN	WE		
STREET AL			3.3 \$TF	REET	ADDRESS	
CITY-ST-	ZIP	F-1 p.p. p.p.	3.4 CITY		- ZIP	
TITLE NAME		DELETE	4. 1 117			Change Addition
STREET AD	DODESS		4.2 NAN			
CITY-ST-					ADDRESS	
TITLE	211	T) DELEIE	4.4 CHY 5.1 THTL		- ZIP	
NAME	La, vicete			5.2 NAME		☐ Change ☐ Addition
STREET AD	DDAESS				ADDRESS	
CITY-ST-	ZIP					
TITLE	☐ DELE1E			6 1 TITLE		Change Addition
NAME			6.2 NAM	/E		Li Sunga Li Manton
STREET AD	DDRESS		6 3 STR	EET A	ADDRESS	
CITY-ST-			6.4 CITY	r - S1 -	- ZIP	
						the exemption stated in Section 119.07(3)(k), Florida Statutes. I further and that my signature shall have the same legal effect as if made under
	h; that I am an officer or director of the co cears in Block 12 or Block 13 if changed,			d to	execute this n	and that my signature shall have the same legal effect as if made under report as required by Chapter 607, Florida Statutes; and that my name

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