'R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P96000036625

RUTT ENTERPRISES INC.

Principal Place	of Business	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1931 ARTHUR ST 1931 ARTHUR ST			•		•
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020		DO NOT WRITE IN TH	IS SPACE
U\$		US		3. Date Incorporated or Qualifed	
				04/24/1996	· ·
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business		26		65-0677858	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		- Cartifactor of Status Posited	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country .	Zip	Country	8. This corporation owes the current year	
24	25	29 3	90	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	a Agent
Di III	T IFDENIV		81 Name		
RUTT, JEREMY 1931 ARTHUR ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LYWOOD FL 33020	•		194 (194 (194 (194 (194 (194 (194 (194 (ry nin i graph o ziet kondentale i dien i i del i fini kondentale i i i indontale filia filia
HUL	L1WUOD PL 33020		83		Satisfies.
			84 City	F	85 Zip Code
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office or a agent. I a	ım tamınar witn, and accept ijile guiji	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized by the corporati da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the properties of the purpose on the purpose of the	
SIGNATURE	Separature, typed in printed name of registered as	anut and title if analicable (NOTE: 8	Registered Agent signature require	ed when reinstating) DATE	2-99
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUTT, JEREMY		1.2 NAME		
STREET ADDRESS	1931 ARTHUR ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		. <u></u>	2, 4 CITY-ST-ZIP		
TITLE .		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			. 3.3 STREET ADDRESS	The state of the s	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		CHIEF CONTRACTOR AND ADDRESS
TITLE		☐ DELETE	4.1 TITLE	r v= - y i fan i fala.	Change (Addition
NAME			4. 2 NAME		
STREET ADDRESS	;	•	4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Dollar Dalas
TITLE	1	. DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		•	5.2 NAME	. t	: · · ·
STREET ADDRESS	S		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition
		ุ กฅ FTF	6.1 TITLE		i ichanne i i Addition

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90015 017 ***150.00