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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000047254 (3)**

1. Corporation Name
RYSTEAD INVESTMENT, INC.

Principal Place of Business	Mailing Address
STE. 1, 6353 W. ROGERS CIR. BOCA RATON FL 33487	STE. 1, 6353 W. ROGERS CIR. BOCA RATON FL 33487-2757

3. Date Incorporated or Qualified: 06/04/1996
3a. Date of Last Report:

2. Principal Place of Business
21 3651 S. Federal Hwy
22 Suite, Apt. #, etc.
23 City & State: Boynton Beach, FL
24 Zip: 33435
25 Country: USA

2a. Mailing Address
26 3651 S. Federal Hwy
27 Suite, Apt. #, etc.
28 City & State: Boynton Beach, FL
29 Zip: 33435
30 Country: USA

4. FEI Number: 65-0678268 ☐ 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

FILINGS, INC.
3732 NW 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Mitchel Pasin
82 Street Address (P.O. Box Number is Not Acceptable): 3651 S. Federal Highway
83
84 City: Boynton Beach FL 85 Zip Code: 33485

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: _____ DATE: 5/16/97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	PAGIN, MITCH		1.2 NAME	Mitchel Pasin	
STREET ADDRESS	STE. 1, 6353 W. ROGERS CIR.		1.3 STREET ADDRESS	3651 S. Federal Highway	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	Boynton Beach, FL 33485	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ TELEPHONE NUMBER: