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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600051684

1. Corporation Name

POTAMKIN FINANCE - RITTER, INC.

						ATOLYKU KUL	<u> </u>
Principal Place of Business Mailing Address							
4675 S.W. 74TH ST. 4675 S.W. 74TH ST.						•	
MIAMI FL 33143 MIAMI FL 33143				DO NOT WRITE IN THIS SPACE			
	3	•			3. Date Incorporated or Qualifed		
					06/07/1996	·	
Principal Place of Business Za. Mailing Address					4. FEI Number	,	plied For
21	i i a	26	•		65-0677132		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 27						Fee Re	<u> </u>
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28			Country		Trust Fund Contribution	Added to	o rees
Zip	Country	· · · · · · · · · · · · · · · · ·			8. This corporation owes the current year Inta		□No
24	25		0)		Personal Property Tax. 10. Name and Address of New Registered A	<u> </u>	
	9. Name and Address of Current	Registered Agent	81	Name	To. Maine and Address of New Registeres .	- iguin	
POTAMKIN, ALAN H							
4675 S.W. 74TH ST.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	•	}
MIAMI FL 33143			83				
]**				
			84	City	FL	85 Zip C	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, typed or printed name of registered agent and title if applicable. (NOTE: Regi				nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition \
NAME	POTAMKIN, ROBERT M		1.2 NAME	1			}
STREET ADDRESS	4675 S.W. 74TH ST.		1.3 STREE	TADDRESS			
CITY-ST-ZiP	······································		1.4 CITY-S	T-ZIP	·		Addition
TITLE	_		2.1 TITLE			Change	☐ Addition
NAME	POTAMKIN, ALAN H		2.2 NAME	1			}
STREET ADDRESS	4675 S.W. 74TH ST.		2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		Chann	- Addition
TIFLE			3.1 TITLE		a.	Change	Addition
NAME	RITTER, WALTER		3.2 NAME				
STREET ADORESS	4675 S.W. 74TH ST.		3.3 STREE	T ADDRESS	•	•	
CITY-ST-ZIP	MIAMI FL 33143		3.4. CITY-5	ST-ZIP		F7.05	
TITLE	. •	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	}			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-S	T-ZIP			- A said-
TITLE	• .		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				. }
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	•	•	5.4 CITY-S	T-ZIP			

6.1 TITLE

6.2 NAME

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 appelment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OPERATED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

4/30/99

(305) 774-769 Daytime Phone #

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90131 016 ***150.00

R2E034 (11/98

Addition