

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 26 AM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080811 (8)

1. Corporation Name
RYF, INC.



Principal Place of Business
4030 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

Mailing Address
4030 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957-4011

3. Date Incorporated or Qualified
09/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

650701888

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYF, HEIDI
4030 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT ☐ DELETE
NAME RYF, HEIDI
STREET ADDRESS 4030 NE INDIAN RIVER DR
CITY-ST-ZIP JENSEN BEACH FL 34957

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME RYF, HEIDI
1.3 STREET ADDRESS 4030 NE INDIAN RIVER DR.
1.4 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D SECRETARY ☐ DELETE
NAME GOMEZ, ALEXIS O
STREET ADDRESS 4030 NE INDIAN RIVER DR
CITY-ST-ZIP JENSEN BEACH FL 34957

2.1 TITLE ORTEGA, ALEXIS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4030 NE INDIAN RIVER DR.
2.4 CITY-ST-ZIP JENSEN BEACH, FL 34957
SECRETARY ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 REQUIRED BY 12/1/97

5/1/97 561

CR2E034 (9/96)