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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000002426 (9)

RITROVATOAYRES, INC.

Principal Place of Business

Mailing Address

APPROVEIJ AND FILED

98 JAN 28 AMII: 13

SECRETARY OF STATE FALLAHASSEE. FLORIDA



4200 WEST P	vine ridge bly d. LG F1-84468.	4200 WEST PINE RIDGE BLVD. BEVERLY HILLS EL 34465							
					3. Date Inc	DO NOT WRITI orporated or Qualified	E IN THIS S	PACE	
					01/06	•			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Num		-	П.	Applied For
21 74(05 N. FLORIDA	26 7465 N. FI	iorid	$a \cdot A$	ve. 59-	3418073			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				te of Status Desired		\$8.75	Additional
27					J. Contince			Fee	Required
City & State City & State			anos El			tion Campaign Financing \$5.00 May Be			
23 C1+Y	OS Springs, Fr	28 Ctrus Sp	rings Count	2 - 4		nd Contribution			d to Fees
24 344	34 mitrus	34434		trus	B. This cor	poration owes or has pa Property Tax due June		nt year I Yes	ntangible
	9. Name and Address of Current F			11.04	10. Name a	nd Address of New Re			
RIT	ROVATO, RITA M		8	Name			•		
4200 WEST PINE RIDGE BLVD.				Street	Add (D.O. D)	Luck - La Nan Alaine			
BEVERLY HILLS FL 34465				Street	Address (P.O. Box I	Number is Not Acceptat	DIB)		
			8	3				•	
			B	1 City				ne 7:	o Code
			•	City			FL	85 Zig	Code
11, Pursuant t	to the provisions of Sections 607.0502 a	nd 607,1508, Florida Statute	es, the abo	ve-namec	d corporation submits	this statement for the	ourpose of o	hanging	its registered
office or registered agent, or both, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tapylia with, any tables the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE	Bull Total	rh)							
12.	Signalus, typed or printed name of projetiered agent a OFFICERS AND D		Registered A	gent signatur	e required when reinstaling)	IO/OLIANIOEO TO OFFI	DATE	DIDEATA	DO 161 40
TITLE	D OFFICENS AND E	DELETE	1.1 TITLE		ADDITION	IS/CHANGES TO OFFIC		Change	
NAME	RITROVATO, PAUL G		1.2 NAME					Onlango	
STREET ADDRESS	4200 WEST PINE RIDGE BLVD.			T ADDRESS					
CITY-ST-ZIP	BEVERLY HILLS FL 34465		1.4 CITY -]				
TITLE	D	☐ DELETE	2.1 TITLE	OT EII				Change	Addition
NAME	AYRES, GARY		2.2 NAME						_
STREET ADDRESS	4719 NORTH CAPISTRANO LOC)P	2.3 STREE	T ADDRESS					
CITY-ST-ZIP	BEVERLY HILLS FL 34465		2. 4 CITY	- ST - ZIP					
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY	ST-ZIP					
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAM						
STREET ADORESS			4.3 STREE	t address					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				L	_ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP		T britie	5.4 CITY-	ST-ZIP			-	1 6	11.00
TITLE		☐ DELETÉ	6.1 TITEE				L	_] Change	Addition
NAME			6.2 NAME		ln -			1	
STREET ADDRESS			6.3 STREE	T ADDRESS	Stamin		1017	·dVV8	,

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 attachment with an address.