Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90073 039 ***150.00

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 # PO7000048682

Principal Place	RIME FINANCIAL GROUP IN	Mailing Address						
1487 SECOND ST SUITE A SUITE A								
SARASOTA FL 34236 SARASOTA FL 34236				1	DO NOT WRITE IN THIS SPACE			 1
					3. Date Incorporated or Qualifed 05/30/1997			
	ace of Business	2a. Mailing Address	0 :- 0	•	4. FEI Number			oplied For
21 415 CENTER POINTE CIR		26 4151 CENTER PUINTE CIR.		<u>R.</u>	<u>59-3453356</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		*****	Additional
22 City 6 State		City & State			C. Flastica Compains Financing			May Be
City & State		28 SARASOTA . F	۲.	l	6. Election Campaign Financing Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent vear Inta		
24 3423	•	29 34233 30	SARASO	TA	Personal Property Tax.		ŬYes	XΝο
24 0 .0.2	9. Name and Address of Current				10. Name and Address of New F	Registered	\gent	
APPEL, STANLEY 1487 SECOND ST SUITE A SARASOTA FL 34236			82 Street	Addres	F. W. HUDGINS s (P.O. Box Number is Not Accepte FNTER PUINTE	able)		
			84 City	ARA	SOTA	FL	85 Zip	Code 233
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 egistered agent or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	, the above-named norized by the corporate Statutes.	oracion	s board of directors. Thereby accept	of the appoir	idiliciii do ie	egistered
12.	Signature, typed or printed name of registered agent		13.	7	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 TITLE	I A	PPEL, STANKEY S 70 No. TAMIAMI T	3.	Change	☐ Addition
NAME	APPEL, BARBARA B	, ,	1.2 NAME	2	TAMERMI TAMERMI T	RACL		ļ
STREET ADDRESS	6780 SCHOONER BAY CIR	,	1,3 STREET ADDRESS	1	70 100.			ĺ
CITY+ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	SA	RASOTA, EL. 34.	2 33		
TITLE	D-P:-Ti	☐ DELETE	2.1 TITLE				Change	Addition
NAME	HUDGINS, JOE W		2.2 NAME	l				
STREET ADDRESS	4151 CENTER POINTE CIR	1	2.3 STREET ADDRESS	.]				į
CITY-ST-ZIP	SARASOTA FL 34233	1.	2. 4 CITY-ST-ZIP	,	<u> </u>			
TITLE	D ·	DELETE	3.1 TMLE	D.	<u>\$</u> ,	•	Change	Addition \
NAME	KEARNS, JESSICA		3.2 NAME	172	DOWNS EDNICE D		•	
STREET ADDRESS	2367 MAIN ST		3.3 STREET ADORESS	415	DENTER POINTE C	-0		Ì
CITY-ST-ZIP	SARASOTA FL 34237		3.4. CITY-ST-ZIP	50	RASOTA, FL. 342	<u> オカ・</u>		
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	1				
CITY-ST-ZIP			5.4 CiTY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	1			Change	☐ 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP

941-362-7632