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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P97000072382 (9)

RYTHEM IN MOTION ENTERPRISES, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							(13 11 0 (
8437 EASTWOOD AVE 7121 W HWY 98									
			A HWY 98 IA CITY BEACH FL 32407						
						DO NOT WRITE IN THIS SPACE			
]						3. Date Incorporated or Qualified	- <u>-</u> -		
9 Principal P	Place of Business	On Mailian Address				08/20/1997			
21	iace of business	28. Mailing Address	⊢ •			4. FEI Number 59-3463032	 	oplied For	
Sulte, Apt. #, etc.		Suite Apt # etc	Suite, Apt. #, etc.			J 1 3-16,3032	S9.75 Additional		
22	., 0.2.	27				5. Certificate of Status Desired Fee Required			
City & Stat	8	City & State	· • · · · · · · · · · · · · · · · · · ·			Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the cu			
24	25	29	30			Personal Property Tax due June 30.	Yes [No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
SAMUELS, CYNTHIA 7121 W HWY 98 PANAMA CITY BEACH FL 32407				B1 N	Name				
				82 S	Street Add	ress (P.O. Box Number is Not Acceptable)	_		
							<u></u>		
				83					
				84 C	City	FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida St	atutes the at	DOVE-D	amed cor		f changing it	re registered	
office or r	egistered agent, or both, in the Stat	le of Florida. Such change w	as authorized	d by th	e corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as	registered	
	unt lua sa	mul	o, Fibrida Stat	utes.		3.2.9	38		
SIGNATURE	Signature: tyled or printed name of tylestered ag		(NOTE Registered	d Agent s	ignature requi	red when reinstaling) DATE	70		
12.	OFFICERS AN	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE		DELETE	1.1 TO	TLE	$-\mathcal{L}$	1 Dele	Change	Addition	
NAME			1.2 NA	AME	HV	Vinda Desta 130 East wood Avr.			
STREET ADDRESS			1.3 ST	REET ADD	DRESS 87	•			
CITY-ST-ZIP			1.4 CF	TY-ST-Z	IP X	ungstown, R 32466			
TITLE		☐ DELETE	2.1 111	TLE	Y{		Change	Addition (
NAME			2.2 NA	ME	M	ichael DeSha 137 Eastwood Ne.			
STREET ADDRESS			2.3 ST	REET ADD	DRESS 80	B1 Eastwood Ne.			
CITY-ST-ZIP				ITY-ST-Z	tip 😾	unstown, PC 32466			
TITLE		L DELETE	3.1 111			•	☐ Change	Addition	
NAME			3.2 NA						
STREET ADDRESS			3.3 ST	REET ADD	DRESS				
CITY-ST-ZIP		Decer		11Y-S1-Z	218			17,700	
TITLE		☐ DELETE	4.1 717		- 1			Addition	
NAME STREET ADDRESS			4.2 N/						
STREET ADDRESS				REET ADD					
CITY-ST-ZIP TITLE		DELETE	4.4 CII 5.1 TIT	(Y-ST-ZI	P		Change	Addition	
NAME			l l				∪lange	MODIDON	
STREET ADDRESS			5.2 NA		00000			1	
CITY-ST-ZIP				REET ADD	i				
TITLE		DELETE	5 4 CH	IY-ST-ZI I F	-		Change	Addition	
NAME			6.2 NA				rai Aumilia	Notificial	
STREET ADDRESS				reet add	BESS				
CITY-ST-ZIP	8 							ĺ	
	ertify that the information supplied y	with this filing does not quali		Motion		Section 119.07(3)(i). Florida Statutes I further ce	rtify that the	information	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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.