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**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90274 002 ***150.00

DOCUMENT # **P97000077040**1. Corporation Name

RIX ENTERPRISE, INC.

5 1 - 1 - 1 - 1		Mailing Address			─/			
· ·	ce of Business	Mailing Address						
5186 SEA BELL ROAD SANIBEL FL 33957		5186 SEA BELL ROAD SANIBEL FL 33957						
						DO NOT WRITE IN THIS SPACE		
	~		-		3. Date Incorporated or Qualifed 09/02/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	1-1	oplied For	
21 26					1 <u>00 01001.01</u>		ot Applicable	
		 1	Suite, Apt. #, etc.		5. Certifcate of Status Desired	-	Additional equired	
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			City & State		6 Floation Compaign Financing			
23		⊢ ¬ '	28		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be			
Zip Country		Zip			8. This corporation owes the current year Intangi	ible		
24	25		30		Total Condition of the	Yes	□No	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Age	nt		
MUDTY TIMOTUY I				1 Name				
MURTY, TIMOTHY J 1633 PERIWINKLE WAY SUITE A			82	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			83	3				
	IBEL FL 33957							
			84	4 City	FL ⁸	5 Zip	Code	
11. Pursuan	t to the provisions of Sections 6	607.0502 and 607.1508, Florida Statutes	s, the above	ve-named corp	poration submits this statement for the purpose of char	nging its	registered	
office or	registered agent or both in the	e State of Florida. Such change was au a obligations of, Section 607.0505, Flori	thorized by	v tne corporati	on's board of directors. I hereby accept the appointment	ent as re	egistered	
SIGNATURE								
40	Signature, typed or printed name of regis	tered agent and title if applicable. (NOTE: I	Registered Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			Change	Addition	
NAME	SILHAVY, RICKEY P		1.2 NAME	ì				
STREET ADDRESS	ODA BELL BOAD		1.3 STREE	ET ADDRESS				
CITY-ST-ZIP	SANIBEL FL 33957	1,4 0		ST-ZIP				
TITLE	STD	☐ DELETE 2.1 π				Change	☐ Addition	
NAME	SILHAVY, DIANE A		2.2 NAME					
STREET ADDRESS	s 5186 SEA BELL ROAD		2.3 STRE	ET ADDRESS				
CITY-\$T-ZIP	SANIBEL FL 33957		2.4 CITY-			Change	☐ Addition	
TITLE		☐ DELETE	3.1 TITLE		L] Change	Addition Addition	
NAME			3.2 NAME			,		
STREET ADORES	S		1	ET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE) Change	Addition	
NAME		DE#E+E	4. 2 NAME	1	<u> </u>			
	e e			ET ADDRESS				
STREET ADDRESS			4.3 STRE					
CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITLE] Change	Addition	
NAME	ļ		5.2 NAME					
*								
STREET ADDRESS	ঠ।		5.3 STREE	ET ADORESS				
STREET ADDRESS	5		5.3 STREE	i		_		
STREET ADORESS CITY-ST-ZIP TITLE	5	☐ DELETE	1	ST-ZIP		Change	Addition	
CITY-ST-ZIP	5	☐ DELETE	5.4 CITY-	ST-ZIP] Change	Addition	
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP] Change	Addition	
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP		•	☐ 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.

SIGNATURE