CR2E034 (11/98)

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 # P97000086338

Country

9. Name and Address of Current Registered Agent

25

WEST PALM BEACH FL 33407

1. Corporation Name

RYAN'S REALTY COMPANY

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

958 SOUTH MILITARY TRAIL SUITE 504 WEST PALM BEACH FL 33415

Principal Place of Business

RYAN, DONNA J

4115 41ST WAY

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

958 SOUTH MILITARY TRAIL SUITE 504 WEST PALM BEACH FL 33415

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90078 037 ***150.00

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_	DO NOT WRITE Date Incorporated or Qualifed	E IN T	1IS SP	ACE		
١.	10/07/1997					
l,	FEI Number				Applied For	
	65-0845957				Not Applicable	
i.	Certifcate of Status Desired			\$8.75 Additional Fee Required		
	Election Campaign Financing Trust Fund Contribution				00 May Be ed to Fees	
-	This corporation owes the currel Personal Property Tax.	nt year		ible] Yes	□No	
	Name and Address of New Re	gister	ed Ag	ent	<u> </u>	
					_	
P	O. Box Number is Not Acceptab	ole)				

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE **DPS**T 1.1 TITLE TITLE RYAN, DONNA J 1.2 NAME NAME 4115 41ST WAY 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 1.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZIP

Country

81

83

City

Street Address

30

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 of 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 on an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed,

SIGNATURE:

CITY-ST-ZIP