

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90151 044 ***150.00

DOCUMENT # P97000086653

1. Corporation Name
RIPTIDE FINANCIAL SERVICES, INC.

Principal Place of Business
4905 LAKE CECILE BLVD.
KISSIMMEE FL 34746

Mailing Address
4905 LAKE CECILE BLVD.
KISSIMMEE FL 34746



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1997

4. FEI Number
59-3468138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4042 BROOKMYRA DR
Suite, Apt. #, etc.

26 4042 BROOKMYRA DR
Suite, Apt. #, etc.

22 City & State
23 ORLANDO FL

27 City & State
28 ORLANDO FL

24 Zip Country
25 32837

29 Zip Country
30 32837

9. Name and Address of Current Registered Agent

SIGNORILE, JAMES A JR.
4905 LAKE CECILE BLVD.
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4042 BROOKMYRA DR

83

84 City

ORLANDO

FL

85 Zip Code
32837

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)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SIGNORILE, JAMES A JR.
STREET ADDRESS 4905 LAKE CECILE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ DELETE

NAME SIGNORILE, KATHY R
STREET ADDRESS 4905 LAKE CECILE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4042 BROOKMYRA DR
1.4 CITY-ST-ZIP ORLANDO FL 32837

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4042 BROOKMYRA DR
2.4 CITY-ST-ZIP ORLANDO FL 32837

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99

CR2E034 (11/98)

0506462