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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOO

| F/V RISH | n Name (Y BUSINESS II, INC. | | | | | | | |
|---|---|----------------|------------------------|--|--|---|--------------------------------------|------------------------------------|
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| Principal Plac | e of Business | M | ailing Address | | | | | 10 13001 4101 1001 |
| 601 PORTIA CIRCLE KEY LARGO FL 33037 KEY LARGO FL 33037 | | | | | | | | |
| CE LANGO FI | | NL. | I LANGO I L GOOT | | | DO NOT WRITE IN TH | IIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 11/20/1997 | ~ | |
| 2. Principal P | lace of Business | 2a. | . Mailing Address | | | 4. FEI Number | | Applied For |
| 1 | • | 26 | | | | 65-0795480 | | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | • | | 5. Certificate of Status Desired | • | Additional |
| 2 | | 27 | | | | o. Octations of States Seemed | | Required |
| City & Star | le | | City & State | | | -6. Election Campaign Financing | | 0 May Be |
| 3 | | 28 | | | | Trust Fund Contribution | Adde | d to Fees |
| Zip | Country | | Zip | Coun | try | 8. This corporation owes the current year | | |
| 4 | 25 | 29 | | 30 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Curre | ent Regis | stered Agent | | | 10. Name and Address of New Registere | d Agent | |
| | DII 4110/FD | | | [' | Name | | | |
| AMERILAWYER 343 ALMERIA AVENUE | | | | Street Add | ress (P.O. Box Number is Not Acceptable) | | y garanta sales | |
| COF | RAL GABLES FL 33134 | | | [| 33 | | 法国际 | |
| | | | • | - | 4 | | 85 Zi | p Code |
| | , | | | | City | F | 'I ⁸³ [∠] '' | Code |
| SIGNATURE | Signature, typed or printed name of registered as | cont and title | | | | | | |
| 12. | OFFICERS A | gent and ane | if applicable. (NOTE: | | gent signature require | | | TODO III 40 |
| TITLE | , | | CTORS | 13. | | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | | |
| HIKE , | PD | | | 13. | E . | | AND DIRECT | |
| • | PITON, ERNEST JR | | CTORS | 13. | E . | | | |
| NAME . | PITON, ERNEST JR 601 PORTIA CIRCLE | | CTORS | 13. 1.1 TITL 1.2 NAA | E . | | | |
| NAME STREET ADDRESS | PITON, ERNEST JR | | ECTORS DELETE | 1.1 TITL 1.2 NAA 1.3 STE | Ē . | | ☐ Chang | e Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | PITON, ERNEST JR 601 PORTIA CIRCLE | | CTORS | 1.1 TITL 1.2 NAA 1.3 STE | E E EET ADDRESS '- ST- ZIP | | | e Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | PITON, ERNEST JR 601 PORTIA CIRCLE KEY LARGO FL 33037 SVTD PITON, PAMELA | | ECTORS DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT | E EET ADDRESS -ST-ZIP E | | ☐ Chang | e Addition |
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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

STREET ADORESS

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90003 044 ***150.00