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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000104672

Principal Place of Business

40433 US 19 NO

CITY-ST-ZIP

R.T.G. ENTERPRISES INC.

0433 US 19 NO ARPON SPRINGS FL 34689 S		40433 US 19 NO. TARPON SPRINGS FL 34689 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/11/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	Applicable
		26			59-3484782	\$8.75 A	Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required			
27			<del></del>		6 Flation Compaign Financing	\$5.00	May Be
City & State City & State					6. Election Campaign Financing :  Trust Fund Contribution	Added to	· .
<u> </u>	Country	Zip	Coun	trv	8. This corporation owes the current year I	ntangible \	,
Zip ∃	25	29 3			Personal Property Tax.	☐ Yes \	No
<u> </u>	9. Name and Address of Curro		<del>-</del>		10. Name and Address of New Registere	d Agent	$\longrightarrow$
		2 8 2 K S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Name	<del></del> .		
JIRIK	(OWIC, RAYMOND RIDGE ROAD		ŀ	32 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	M HARBOR FL 34683		-  -	B3	· · · · · · · · · · · · · · · · · · ·		
: FALI	ALLINGUILLE GAGGE		L		· · · · · · · · · · · · · · · · · · ·	190121	
<b>∖</b> ₩ ,,			[1	B4 City	F	85 Zip C	ode
SIGNATURE 12. TITLE NAME	OFFICERS  D JIRIKOWIC, RAYMOND  40433 US 19 NO.	gent and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAM	£	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
STREET ADDRESS CITY-ST-ZIP	TARPON SPRINGS FL 34689	)		Y-ST-ZIP			<del> </del>
TITLE	1/411 011 011111100 12 0 12 0 1	☐ DELETE	2.1·ΤiΠ	Æ		Change	☐ Addition
NAME			2.2 NA	ME			٠ '
STREET ADDRESS			2.3 STF	REET ADDRESS	·		
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TITLE NATES	Participation of the first transfer	☐ DELETE	3.1 TITI	LE		☐ Change	∐ Addition
NAME ,			3.2 NA				
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CITY-ST-ZIP	Q \$1 300 8 1			ry-st-zip	20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Change	Addition
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NAME REPORTED TO	113	approximately the second	4. 2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	<u> </u>	: Document		Y-ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TIT 5.2 NA				-
NAME				REET ADDRESS	•	•	
STREET ADDRESS	5			Y-ST-ZIP	$x = \sqrt{2}\sqrt{3}\sqrt{2}$		
CITY-ST-ZIP	and the same of th	☐ DELETE	6.1 TIT			Change	Addition
TITLE .	40/03 (30 to 140)		6.2 NA				
NAME		•		REET ADDRESS			
STREET ADDRESS	s respectively to the contract of		0.3 51	MEC! MUDRESO			

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 copyoration 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 chapter or on an attachment with an address, with all other like empowered.

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90026 046 \*\*\*150.00