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

May 15, 1999 8:00 am Secretary of State

05-15-1999 90012 032 ***150.00

DOCUMENT # P98000004503

1. Corporation Name

RITSON & COMPANY, P.A. 513 WHITEHEAD STREET KEY WEST FL 33040

Principal Place of Business

Mailing Address

513 WHITEHEAD STREET KEY WEST FL 33040

P.O. BOX 4036

KEY WEST FL 33041-4036

DO NOT WRITE	IN	THIS	SPACE
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						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
					1/14/98					
2. Principal	Place of Business 2a. Mailing Address			4. FEI Number	7	Applied For				
21		26				65-0807979	1	Not Applicable		
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	ate	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip Country			This corporation owes the current year Intar Personal Property Tax.	ntangible ☐ Yes 쭚 No				
	· · · · · · · · · · · · · · · · · · ·					10. Name and Address of New Registered Agent				
BRUCE RITSON 1622 JOHNSON STREET			8	31 1	Vame					
			-	82 Street Address (P.O. Box Number is Not Acceptable)						
			Ou de Addiess (F.O. Dux ratiliber is rati Acceptable)							
KEY WEST FL 33040		ξ	33							
				Т-						
			8	34 (City	FL	85 Zip	Code		
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of arn familiar with, and accept the obligation	Florida. Such change was authorida.	orized b	by the	amed corpo e corporation	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointment	anging it nent as r	ts registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent	and this discountrible (NOTE: Bar	nistaran &	nent sie	Natures equipment	when reinstating) DAYE				
12.					grotaro rodanos	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
TITLE		DELETE 1.1					Change			
NAME	P/D		1.1 MAME				3	_		
	BRUCE RITSON		1.3 STREET ADDRESS		DOECE					
	1622 JUHNSON STREET									
CITY-ST-ZIP	KEY WEST FL 33040	DELETE	1.4 CITY-ST-ZIP		۲		Change	e		
TITLE		□ pereie	2.1 TITLE	-	Į			, LI VOCITOR		

2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change Addition TITLE 3.1 TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIE TITLE □ DELETE 41 TITLE Change ☐ Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change TITLE ☐ DELETE ☐ Addition 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 of the receiver or russee 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, o an address, with all other like empowered.

6 4 CITY-ST-ZIP

SIGNATURE: Bruce Ritson, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/24/99

305/294-7284