## 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

## Mar 30, 1999 8:00 am **Secretary of State**

03-30-1999 90037 034 \*\*\*150.00

DOCUMENT #	P98000019514
1. Comoration Name	1 0000010011

RICLIN, INC.					
Principal Place of Business	Mailing Address			4 10811001 140 18101 19111 00411 00111 80111 1	B#B    B B    <del> </del>   B B    B B    B B    B B
4760 S.E. GLENRIDGE TERRACE STUART FL 34997  4760 S.E. GLENRIDGE TERRACE STUART FL 34997		DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed	_
				02/27/1998	_
2. Principal Place of Business	2a. Mailing Addres	ss		4. FEI Number	Applied For
21	26			65-0817153	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, 6	etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip	Countr	/	8. This corporation owes the current year	r Intangible
24 25	29	30		Personal Property Tax.	ÉYes □No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registe	red Agent
EDACED DICUADO C		81	Name		
FRASER, RICHARD S 4760 S.E. GLENRIDGE TER	RRACE	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
STUART FL 34997		83		N <sub>K</sub>	
		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Section office or registered agent, or both, in agent I am familiar with, and accept	n the State of Florida. Such change	e was authorized by	the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered

gistered tered

**SIGNATURE** me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition ☐ Change ☐ DELETE 1.1 TITLE **PSD** TITLE FRASER, RICHARD S 12 NAME NAME 4760 S.E. GLENRIDGE TERRACE 1.3 STREET ADDRESS STREET ADDRESS STUART FL 34997 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TILE 2.1 TITLE FRASER, LINDA M 2.2 NAME NAME 4760 S.E. GLENRIDGE TERRACE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP STUART FL 34997 2.4 CITY-ST-ZIP Change ☐ Addition DELETE: TITLE 3.1 TITLE маме 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.4 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CHARD S. FRASER 3-23-99 SIGNATURE:

CR2E034 (11/98)