


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90198 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026612 1. Corporation Name RINGSIDE SUPPLIES, INC.					
Principal Place of Business 8751 WEST BROWARD BLVD. SUITE 408 PLANTATION FL 33324			Mailing Address 8751 WEST BROWARD BLVD. SUITE 408 PLANTATION FL 33324		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 100 South Pine Island Road Suite, Apt. #, etc. 22 Suite 104 City & State 23 Plantation, FL Zip Country 24 33324 25					
2a. Mailing Address 26 100 South Pine Island Road Suite, Apt. #, etc. 27 Suite 104 City & State 28 Plantation, FL Zip Country 29 33324 30					
3. Date Incorporated or Qualified 03/23/1998					
4. FEI Number 65-0823767 Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent ZEBERSKY, LAURA 8751 WEST BROWARD BLVD. SUITE 408 PLANTATION FL 33324			10. Name and Address of New Registered Agent 81 Name Zebersky, Laura 82 Street Address (P.O. Box Number is Not Acceptable) 100 South Pine Island Road 83 Suite 104 84 City Plantation FL 85 Zip Code 33324		
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. (NOT Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PSTD <input type="checkbox"/> DELETE NAME ZEBERSKY, JUDD A STREET ADDRESS 8751 WEST BROWARD BLVD. CITY-STATE-ZIP PLANTATION FL 33324			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Zebersky, Judd A 1.3 STREET ADDRESS 100 South Pine Island Rd # 104 1.4 CITY-STATE-ZIP Plantation, FL 33324		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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

4/27/99

954-236-3010

Daytime Phone #

CR2E034 (11/98)