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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

DOCUMENT # P98000028461

STREET ADDRESS

R2T ENTERPRISES, INC.

-						
Principal Place of Business Mailing Address					7 104 (104 ) 114 (104 )	
138 LAKE RING DRIVE 138 LAKE RING DRIVE						
WINTER HAVEN FL 33884 WINTER HAVEN FL 33884					DO NOT WRITE IN	I THIS SPACE
					3. Date Incorporated or Qualifed	THIS STACE
					03/26/1998	
6 p		2a Moiling Address			4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address		— <u> </u>				Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
		<b>⊢</b>			5. Certifcate of Status Desired	Fee Required
22 27 City & State		City & State	•		6. Election Campaign Financing	\$5.00 May Be
23		28	¬ ´		Trust Fund Contribution	Added to Fees
		Zip	Country		8. This corporation owes the current y	ear Intangible
24	25	29 30	¬ · · ·		Personal Property Tax.	☐Yes ☐No
24]	9. Name and Address of Curr		<u> </u>		10. Name and Address of New Regis	tered Agent
			81	Name		
LABI	ret, steven m		00	Ctus at Ad	deser (D.O. Roy Number in Not Accontable)	·
226 HILLCREST STREET			82	Street Au	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801			83			
			L			
	*		84	City		FL 85 Zip Code
11 Dureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes.	the above	e-named co	rporation submits this statement for the purp	ose of changing its registered
office or r	edistered agent or both in the Sta	te of Florida. Such change was auth gations of, Section 607.0505, Florida	orized by	the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Classic translation and a selectored of	cost and title if applicable (AIOTE: Re	nistered Agen	t sionature requi	ired when reinstating) D	ATE
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS			. ugrano roqu	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	TRASPORT, RICHARD	_	1.2 NAME		·	ļ
	138 LAKE RING DRIVE		1.3 STREET	ANNOFESS		
STREET ADDRESS	WINTER HAVEN FL 33884		1.4 CITY-S		•	
CITY-ST-ZIP	WATER TEATER TE GOOD!	☐ DELETE	2.1 TITLE	1-21-		Change Addition
TITLE ,	] _		2.2 NAME		,	
NAME			2.3 STREET	T ADDUCCO		
STREET ADORESS						
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	11-ZIP		☐ Change ☐ Addition
TITLE '	<b>.</b> .			1	•	G through the second se
NAME	1		3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP		. Change Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME	,		4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		D per see	4.4 CITY-S	T-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE			□ cuange □ Addition
NAME			5.2 NAME			,
STREET ADDRESS			5.3 STREET			•
CITY-ST-ZIP			5.4 CITY-S	I-ZIP		☐ Change ☐ Addition
TITLE	· ·	☐ DELETE	6.1 TITLE 6.2 NAME			☐ Change ☐ Addition
	1					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90055 023 \*\*\*150.00