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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

VVISION OF CORPORATIONS

## FILED May 17, 1999 8:00 am Secretary of State

	1999 DIVISION OF CORPORATION			RPORATI	ONS	05-17-1999 90017 016 ***150.00
		7800003145	- VOK			
	MENI# P	9800005145				
1. Corporatio	u Name 01C	RIC ENTERP				
Dringinal Plac	o of Rusiness	Mai	ling Address			<del></del> [
O a distribution of the control of t						
			SAME AS BUS	INEZZ		
KISSIMMEE, AL 34741						DO NOT WRITE IN THIS SPACE
		•				3. Date Incorporated or Qualifed  O4\03\1998
D. Driving Disco of Business			2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business			26. Maning Fiduress			59 - 3500901 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23			28			Trust Fund Contribution Added to Fees
Zip	Coun	´ ⊢₁	Zip	Country		8. This corporation owes the current year intangible Personal Property Tax.
24	25	29 zess of Current Registe	30	·I		Personal Property Tax.
	9. Name and Add	ress or Current Regist	ereu Agent	81	Name	
				[		
ĺ				82	Street A	ddress (P.O. Box Number is Not Acceptable)
				83		
				84	City	85 Zip Code
						<b>FL</b>       _
11. Pursuant	to the provisions of Se	ctions 607.0502 and 60	7.1508, Florida Statules,	the above	e-named c	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office of i	registered agent, or bot am familiar with, and ac	cept the obligations of,	Section 607.0505, Florida	Statutes	,	and the sound of shades of the
SIGNATURE						nuired when reinstating) DATE
42		ne of registered agent and title if OFFICERS AND DIREC		13.	nt signature req	aured when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PRESIDENT - T		DELETE	117ITLE		☐ Change ☐ Addition
NAME				12 NAME		
STREET ADDRESS	10. m 0 c c C C L L R NR # 201			1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE,	7L34741		1.4 CITY+S	T-ZIP	
TITLE			DELETE	2.1 THTLE		Change Addition
NAME				2.2 NAME	[	•
STREET ADDRESS				2.3 STREET	ADDRESS	
CITY-ST-ZIP				2.4 CITY-S	T-ZIP	
THLE			☐ DELETE	31 TITLE	1	☐ Change ☐ Addition
NAME	}			32 NAME		<b>{</b>
STREET ADDRESS	{			3.3 STREET		
CITY-ST-ZIP		<del></del>	☐ DELETE	34 CITY-S 41 TITLE	1-219	☐ Change ☐ Addition
TITLE	) 			4. 2 NAME	1	
NAME STREET ADDRESS	}			4 3 STREET	AODRESS	
CITY-ST-ZIP				4 4 CITY-S		
TITLE			☐ DELETE	517mE		Change Addition
NAME	Ţ			52 NAME	}	
STREET ADDRESS	)			53 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	
TITLE	,		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				62 NAME		
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP	}			64 CITY-S	T-ZIP	

14. I hereby certify that the information supplied with this filling 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 an an attachment with an address, with all other like empowered.

SIGNA	ATURE
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SNATURE AND TYPED OR CHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/9

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