1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000052378

1. Corporation Name

RYVAL ENTERPRISES, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90147 011 ***150.00



Principal Place	of Business	Mailing Address					
8240 SW 22 STREET		8240 SW 22 STREET					
APT E110		APT E110		DO NOT WRITE IN THIS SPACE			
N LAUDERDALE FL 33068		N LAUDERDALE FL 33068		3. Date Incorporated or Qualifed			
					06/10/1998		1
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address		. FELM	Apr	plied For
21 87-00	SW 72 STREET QU	26 8200 SW >> STREET CIII		65-0843519	Not	t Applicable	
Suite, Apt. #	#, etc.	2a. Mailing Address 26 8200 SW 22 STREET CIII Suite, Apt. #, etc. 27 N. LAUDEADALE		5. Certificate of Status Desired	\$8.75 A	- 1	
22 N. LAUDERDALE		27 N. LAUDEADALE		3, Germanic or Ground Doorloo	Fee Re	———	
City & State		City & State		6. Election Campaign Financing	\$5.00		
23 FL		28 FL		Trust Fund Contribution	Added to	Fees	
Zip 33968 Country		Zip Country 29 33068 30		8. This corporation owes the current year	Intangible Yes	XiNo	
24 25				Personal Property Tax. 10 Name and Address of New Registers			
g. Name and Address of Current Registered Agent			81	Name	10. Name and		
RYAN, FERRI W							
	SW 22 STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
APT	E110		83	1			
N LA	UDERDALE FL 33068						
				City	F	L 85 Zip C	.ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					pration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corporation	n's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	aistered Age	ent signature required	when reinstating) DATE		— \
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VALERIE CARROLL (PRES) 111					☐ Change	☐ Addition
NAME	VITLERIE CARROLL	(/KES)	1.2 NAME				
STREET ADDRESS	8200 SW 22 Six		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	N. LAWDERDALE, FZ 33068			ST-ZIP			
TITLE	FERRICIA RYAN (SEC 7 DELETE 21T		2.1 TTLE			Change	☐ Addition
NAME	8240 SW >2 STREET		2.2 NAME	ì			1
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	N. LAUDGRDAIE, FL33568 240			ST-ZIP			
TITLE	☐ DELETE 3.1 T			1		☐ Change	Addition
NAME	3.21		3.2 NAME				
STREET ADDRESS	3.33		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE 4.1 T		4.1 TITLE	\		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	ADDRESS 4.3		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 C(TY-5	ST-ZIP			- addition
TITLE	——————————————————————————————————————		5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	Dress			ET ADDRESS			,
CITY-ST-ZIP			5.4 CITY-5			Change	☐ Addition
TITLE "	is particular to the control of the	☐ DELETE	6.1 TITLE	ļ		☐ Change	Addition
NAME	All States		6.2 NAME	1			
STREET ADDRESS				T ADDRESS			i
CITY-ST-ZIP			6.4 CITY-5	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 without address, with all other like empowered.

SIGNATURE:

Daytime Phone #