Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

May 04, 1999 8:00 am Secretary of State

05-04-1999 90180 043 ***150.00



DOCUMENT #	P98000085252
Corporation Name	. 00000000

Country

RIPASC COMPANY, INC.

Principal Place of Business 13070 SE 34TH ST OKEECHOBEE FL 34974

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

Mailing Address

13070 SE 34TH ST OKEECHOBEE FL 34974

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

> 10/02/1998 4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

						O. This corporation of	noo ino bancini your	,		
24	25	29	30			Personal Property			⊠No_	
	9. Name and Address of Current	Registered Agent				10. Name and Addres	ss of New Registere	d Agent /		
0011	DEIED CICHADO DALII			81	Name					
SCHREIER, RICHARD PAUL				82	82 Street Address (P.O. Box Number is Not Acceptable)					
13070 SE 34TH ST					Supervision of the supervision o					
OKE	ECHOBEE FL 34974			83						
				84	City			85 Zip C	ode	
				04	City		F	L		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	ot Florida. Such chang	e was autho	nzed by	tne corpora	rporation submits this stater tion's board of directors. I h	nent for the purpose ereby accept the app	of changing its r ointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and sate if months blo	(NOTE: Per	eternd Ages	t eigenture regu	red when reinstating)	DATE			
12.	OFFICERS AND		(NOTE: Regi	13.	t signature requi		SES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	n or recito And	D DEI	LETE	1.1 TITLE				Change	☐ Addition	
NAME	SCHREIER, RICHARD ALLEN			1.2 NAME						
STREET ADDRESS	13070 SE 34TH ST		1	1.3 STREET	ADDRESS					
	OKEECHOBEE FL 34974			1.4 CITY-\$1						
CITY-ST-ZIP TITLE	OKELOHODEL 12 34314	□ DE	LETE	2.1 TITLE	-2#			☐ Change	Addition	
				2.2 NAME						
NAME			1	2.3 STREET	ADDRESS					
STREET ADDRESS	1			2.4 CITY-S					-	
CITY-ST-ZIP TITLE		□ DE		3.1 TITLE	1-217			Change	Addition	
				3.2 NAME						
NAME				3.3 STREET	ADDDEGG					
STREET ADDRESS				3.4. CITY-S	1					
CITY-ST-ZIP		□ D€		4.1 TITLE	1- ZIP			Change	Addition	
				4. 2 NAME				_ ,		
NAME				4.3 STREET	ADDDECE					
STREET ADDRESS										
CITY-ST-ZIP	 			4.4 CITY-S	·ZIP			☐ Change	Addition	
			1	5.2 NAME	ļ				_	
NAME				5.3 STREET	ADDRESS					
STREET ADDRESS				5.4 CITY-S						
CITY-ST-ZIP	<u> </u>	□ DE		6.1 TITLE				☐ Change	Addition	
		_ 5L		6.2 NAME					_	
NAME				6.3 STREET	ADDRESS .					
STREET ADDRESS	{			64 CITY-S						
CON CT 7/D										

Country

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 chapted it on an attachment with an address, with all other like empowered.