

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000088776** ✓

1. Corporation Name

RONCO INTERNATIONAL, INC.

Principal Place of Business

1093 A1A BEACH BOULEVARD
SUITE 377
SAINT AUGUSTINE FL 32084

Mailing Address

1093 A1A BEACH BOULEVARD
SUITE 377
SAINT AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

59-3537785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

DRIVE

2a. Mailing Address

DRIVE

21 **3400 AGRICULTURAL CENTER**

26 **3400 AGRICULTURAL CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **ST. AUGUSTINE**

City & State

28 **ST. AUGUSTINE**

Zip

Country

24 **32092**

25 **ST. JOHNS**

Zip

Country

29 **32092**

30 **ST. JOHNS**

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

RONALD R. AVERY

82 Street Address (P.O. Box Number is Not Acceptable)

5054 MEDORAS AVENUE

83

84 City

ST. AUGUSTINE

FL

85 Zip Code

32084

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

Ronald R. Avery

RONALD R. AVERY, PRESIDENT

8/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **AVERY, RONALD R**
STREET ADDRESS **1093 A1A BEACH BOULEVARD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **VD** ☐ DELETE

NAME **LACERDA, HORACIO**
STREET ADDRESS **1093 A1A BEACH BOULEVARD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **STD** ☐ DELETE

NAME **REESE, WALTER**
STREET ADDRESS **1093 A1A BEACH BOULEVARD**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **3400 AGRICULTURAL CENTER DRIVE**
1.3 STREET ADDRESS **ST. AUGUSTINE, FL 32092**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **3400 AGRICULTURAL CENTER DRIVE**
2.3 STREET ADDRESS **ST. AUGUSTINE, FL 32092**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **3400 AGRICULTURAL CENTER DRIVE**
3.3 STREET ADDRESS **ST. AUGUSTINE, FL 32092**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 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.

SIGNATURE:

Ronald R. Avery

8/9/99

570-378-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0001003