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

OCUMENT #	P98000099250
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RIDGE TERRACE CORPORATION

Principal Place of Business 1308 LAKE WILLISARA CIRCLE Mailing Address

1308 LAKE WILLISARA CIRCLE

FILED Jul 16, 1999 8:00 am Secretary of State

07-16-1999 90013 041 ***550.00

|--|--|

ORLANDO FL 32806		ORLANDO FL 32806		DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified	TE IN THIS SPACE
					ess started in 1999
2 Principal E	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
_	2180 Hypolium Rd.		cžuro Rd.	16-1559666	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	taux Iu.	10 100 TOUR	
22	. m, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00-May-Be
23	Boynton Beech FL	28 Boynton Beach	ı. FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 8. This corporation owes the current year		ent year
24 334	26 25	29	o	Intangible Personal Property.	Yes K No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
000			81 Name	Jeffrey S. Yankow , ^{Ad} min	istrator
i e	DSMAN, KURT E		82 Street Address (P.O. Box Number is Not Acceptable)		
	B LAKE WILLISARA CIRCLE		2180 Hypoluxo Rd.		
URL	ANDO FL 32806		83		
<u> </u>			84 City		85 Zip Code
\frown			Bc	ynton Beach	FL 33426
11. Pursuan	at to the provisions of sections 607.050	2 and 607.1508, Florida Statutes,	the above-named cospo	pration submits this statement for the pulion's board of directors. I hereby accep	rpose of changing its registered
agent. I	am familiar with, and accept the obliga-	ations of, section 607,0505, Florid	ta Statutes 🔣 🚺		7 00
SIGNATURE	JEFCKEY 9, YAA	KKIW, ADNWIST	PATOK /	X Section 1	1-1-1
	Signature, typed or printed name of registered agei		Registered Agent signature rec		FICERS AND DIRECTORS IN 12
12.	T	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	P, VP, T, S	OELETE			Change Addition
NAME	G.R. Marden		1.2 NAME		6
STREET ADDRESS	5117 Jeannine Ct., Orl	ando: FL 32807	1.3 STREET ADDRESS		5
CITY-ST-ZIP			1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		DELETE	2.2 NAME		Charge C Addition
			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME		DECE IE	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP	İ		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	{	ے محدد اد	4.2 NAME		
STREET ADDRESS)		4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	1	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		- · -
STREET ADDRESS	1		5.3 STREET ADDRESS		,
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		 · -	6.2 NAME		
STREET ADDRESS					
PINCE MUURESS	i .		6.3 STREET ADDRESS		
CITY-ST-ZIP					

niques on this arman report or suppremental arman report is due and accurate and that my signature shall have the same legal effect as it 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:

RE GRIMANEN
RPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99 561.572-6711 ate Daytime Phone #