

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S73893** (7)

1. Corporation Name

RONTO MANAGEMENT GROUP, INC.

Principal Place of Business

**277 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937**

Mailing Address

**277 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145-3033**

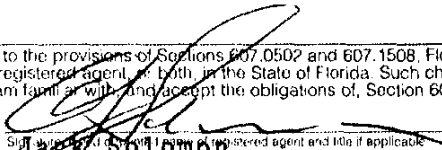


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1991		3a. Date of Last Report 04/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0280373		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REINDERS, JAMES M. 277 NORTH COLLIER BLVD. MARCO ISLAND FL 33937				81	Name Jack Solomon		
				82	Street Address (P.O. Box Number is Not Acceptable) 277 North Collier Blvd.		
				83			
				84	City Marco Island	85	Zip Code FL 34145

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


Signature of new registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

4-2-97

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDAS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINDERS, JAMES M.			1.2 NAME	SOLOMON, Jack		
STREET ADDRESS	277 NO COLLIER BLVD			1.3 STREET ADDRESS	277 N. Collier Blvd.		
CITY - ST - ZIP	MARCO ISLAND FL			1.4 CITY - ST - ZIP	Marco Island, FL 34145		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, RAYMOND G.			2.2 NAME			
STREET ADDRESS	277 NORTH COLLIER BLVD			2.3 STREET ADDRESS			
CITY - ST - ZIP	MARCO ISLAND FL			2.4 CITY - ST - ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, WILLIAM F.			3.2 NAME	WELKS, Karen E.		
STREET ADDRESS	277 NORTH COLLIER BLVD.			3.3 STREET ADDRESS	277 North Collier Blvd.		
CITY - ST - ZIP	MARCO ISLAND FL			3.4 CITY - ST - ZIP	Marco Island, FL 34145		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97 (941) 394-5197

Date

Daytime Phone #

0417162

CR2E034 (9/96)