FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V43646** **(1)**

1. Corporation Name

R & M RITTER, INC.

Principal Place of Business	Mailing Address
7577 LAKE WORTH RD SUITE 45 LAKE WORTH FL 33467 US	6115 SE BLACK OAK LN STUART FL 34997 US

2. Principal Place of Business 21 7677 Lake Worth Rd.	2a. Mailing Address 26 6115 SE Black Oak Ln.
Suite, Apt. #, etc. 22 Suite # 45	Suite, Apt. #, etc. 27
City & State 23 Lake Worth FL	City & State 28 Stuart FL
Zip / County 24 33467 / 25 Palm Bch	Zip / Country 29 34997 / 30 Martin

3. Date Incorporated or Qualified 06/05/1992	3a. Date of Last Report 03/15/1995
4. FEI Number 65-0344313	☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

RITTER, RAYMOND L.
6115 SE BLACK OAK LN
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 Raymond L Ritter (President) Raymond L Ritter 1/17/96.
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☑ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	DKRIDULIS, BERNIE	1 2 NAME	
STREET ADDRESS	18290 127TH DR NO	1 3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1 4 CITY-ST-ZIP	
TITLE	PRESIDENT / TREASURER ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	Raymond L. Ritter	2 2 NAME	
STREET ADDRESS	6115 SE Black Oak Ln.	2 3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34997	2 4 CITY-ST-ZIP	
TITLE	Vice President / Secretary ☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	Marsha J. Ritter	3 2 NAME	
STREET ADDRESS	6115 SE Black Oak Ln.	3 3 STREET ADDRESS	
CITY-ST-ZIP	Stuart, FL 34997	3 4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	Paul Kubala	4 2 NAME	
STREET ADDRESS	65 Cleveland Ave.	4 3 STREET ADDRESS	
CITY-ST-ZIP	Kenmore, NY 14223	4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	$200.00 1/23/96 ☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	$ acp by bank
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

Ovd 5/16/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Raymond L Ritter Raymond L Ritter Pres 1/17/96. 407-641-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)