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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

FILED Jan 16 1998 8:00am Secretary of State

DOCUI	MENT # V43646	(1)				2		
	RITTER, INC.							
Principal Plac	e of Business	Mailing Address				- 1	DIN DINEE BEDI	AL DIDILIDEI
7577 LAKE WORTH RD 6115 SE BLACK OAK LN								
SUITE 45 STUART FL 34997 LAKE WORTH FL 33467 US						DO NOT WRITE IN THIS SF	ACE	
US						3. Date Incorporated or Qualified		
						06/05/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEi Number	_ Ar	oplied For
21		26				65-0344313		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	8	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	Zip	Count	rv				to Fees
24	25 29 30			untry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes □ No				
	9. Name and Address of Current		100			10. Name and Address of New Registered Ag		
RIT	TER, RAYMOND L.		8	1 Na	me		· ·	
611	5 SE BLACK OAK LN		8	2 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
STU	JART FL 34997							
			8	3				
			8	4 Cit	у	FL	85 Zip (Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-nan	ned corpo		hanging it	s registered
office or re agent, it as	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida, Such change was a ons of, Section 607,0505, Fk	authorized i orida Statut	by the	corporatio	ration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	ntment as	registered
SIGNATURE								-
	Signature, typed or printed name of registered agent			gent sign	atura required	d when reinstating) DATE		
12.	PT OFFICERS AND	ERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition :
TITLE NAME	RITTER, RAYMOND L					_	_ cuarge	Adonton
STREET ADDRESS	6115 S.E. BLACK OAK LANE		1,2 NAME					19
CITY-ST-ZIP	STUART FL 34997	24007		1,3 STREET ADDRESS 1,4 CITY-ST-ZIP]
TITLE	VS	DELETE 2.1 T					Change	Addition •
NAME	RITTER, MARSHA J							
STREET ADDRESS	6115 S.E. BLACK OAK LANE		2.3 STRE	et adore	:ss			1
CITY - ST - ZIP	CTIADT EL 24007		2. 4 CITY	- ST-ZIP				
TITLE			3.1 TITLE				Change	Addition
NAME	KUBALA, PAUL		3,2 NAME		ļ			
STREET ADDRESS	65 CORLAND AVE.		3.3 STRE	et addre	SS			1
CITY-ST-ZIP	KENMORE NY 14223		3.4. CITY-					
TITLE		☐ DELETÉ	4.1 TITLE			Ŀ	_ Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STREE		SS			1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE				Change	Addition
NAME		DLEETE	5.2 NAME			_	_ Onlange	i,oomon
STREET ADDRESS			5,3 STREE		ee			1
CITY-ST-ZIP			5.4 CiTY-		33			1
TITLE		DELETE	6.1 TITLE			·	Change	Addition
NAME		_	6.2 NAME			_	•	
STREET ADDRESS			6.3 STREE		ss			
CITY-ST-ZIP			6.4 CITY					
	ertify that the information supplied with	this filing does not qualify for			tated in S	ection 119.07(3)(i), Florida Statutes. I further certi-	y that the	Information

curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1998 561-641-9292