05-04-1999 90167 020 ***150.00

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

PROFIT CORPORATION ANNUAL, REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \

1. Corporation Name

RIZZUTC	REPORTING, INC.						
Principal Place	e of Business	Mailing Address			-	DIĞIL QIBIŞ BIBLI O	AND A FRANCISCO
·	EST 99TH AVENUE	=	2576 NORTHWEST 99TH AVENUE		DO NOT WRITE IN THI	S SDACE	
					3. Date Incorporated or Qualifed 07/27/1992	3 OF AOL	
Bringing B	loco of Puninger	2a. Mailing Address .			4. FEI Number		plied For
2. Principal Place of Business		26		65-0349311	<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	dditional	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.		
24	25 g. Name and Address of Current	29 30	<u>'l , , , , , , , , , , , , , , , , , , ,</u>		10. Name and Address of New Registerer		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Addition of Non Registers		
RIZZ	UTO, JEANNE C.						
	NORTHWEST 99TH AVENUE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COR	AL SPRINGS FL 33065		83				
		84 City		City	`	85 Zip C	Code
office or r	egistered agent, or both, in the State on familiar with, and accept the obligations of the state	of Florida, Such change was authorions of, Section 607.0505, Florida and title if applicable. (NOTE: Reg	orized by a Statutes.	the corporatio		ointment as reç	gistered
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	DELETE 1.11				☐ Change	☐ Addition
NAME	ATTACAMENT ALIPANIE		1.2 NAME				İ
STREET ADDRESS	CODAL CODINGO EL		1.3 STREET				
CITY-ST-ZIP			1.4 CITY-ST	T-ZIP		Change	Addition
TITLE	The state of the s		2.1 TITLE			□ ollarige	
NAME	,		2.2 NAME 2.3 STREET	***************************************			
STREET ADDRESS			2.4 CITY-S				·
CITY-ST-ZIP TITLE	·	☐ DELETE	3.1 TITLE	1-ZIP	17−	☐ Change	Addition
NAME	-		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	+		•	}
TITLE	,	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		·		
STREET ADDRESS	-		4.3 STREET	ADORESS			
CITY-ST-ZIP		ļ	4.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
CTREET ANDOCSO			5.3 STREET	ADDRESS			

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition