

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000097917 (3)**

1. Corporation Name
R-60 RIB CITY, INC.



Principal Place of Business 2122 SECOND STREET FORT MYERS FL 33901	Mailing Address 2122 SECOND STREET FORT MYERS FL 33901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13908 Palm Beach Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/18/1997	
22 City & State 23 FT Myers FL		27 City & State		4. FEI Number 65-0794340	
24 Zip 33905		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREEN, BRUCE D 12800 UNIVERSITY PARK STE #600 FORT MYERS FL 33907				10. Name and Address of New Registered Agent			
				81 Name Paul D Peden			
				82 Street Address (P.O. Box Number is Not Acceptable) 2122 Second ST			
				83			
				84 City FT Myers FL			
				85 Zip Code 33901			

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 607.0605, Florida Statutes.

SIGNATURE **Paul D Peden** (NOTE: Registered Agent signature required when reinstating) DATE **4/15/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	Chraig D Peden		
STREET ADDRESS				1.3 STREET ADDRESS	2122 Second ST		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	FT Myers FL 33901		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Paul D Peden		
STREET ADDRESS				2.3 STREET ADDRESS	2122 Second ST		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	FT. Myers FL 33901		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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 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 **Paul D Peden** DATE **4/15/98** **946-3341 FL34**

CR2E034 (10/97)