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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # M24788 RISE TITLE, INC.	(5)					
Principal Place of Business 10081 PINES BLVD. SUITE C PEMBROKE PINES FL 33024		Mailing Address 10081 PINES BLVD. SUITE C PEMBROKE PINES FL 33024-6171		k HODJOON IN THUR DJOH JADON INN HOLI			
					3. Date Incorporated or Qualified 12/18/1985	3a. Date of Last 06/10/1996	Report
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number 59-2622484		applied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Regulred
City & State		City & State			6. Election Campaign Financing		May Be
23 Zip	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for		to Fees
24	25	29	30		Florida Statutes	☐ Yes ☐ No	b. 199.032,
STRA	 Name and Address of Current JR., ARNOLD 	t Hegistered Agent	81	Name	10. Name and Address of New Re	egistered Agent	
1008	1 PINES BLVD.		82	Street Addres	ss (P.O. Box Number is Not Acceptal	ble)	• • • • • • • • • • • • • • • • • • • •
SUIT	e C Broke Pines Fl 33024		83		**************************************		
			84	City		85 Zip	Code
11 Purcuant	to the provincers of Sections 607.0507	2 and 607 1508 Florida Statute	[]	·	ration submits this statement for the	FL	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State m family a with, and accept the obliga	of Florida. Such change was a strong of, Section 607.0505, Flo	uthorized by the state of the s	he corporation	n's board of directors. I hereby acce	purpose of changing pt the appointment a	s registered
SIGNATURE	(MUC) // (DOW		1-24	4-97			<u></u>
12.	Signalidia, typical or printed Cities of registered age OFFICERS AND		Registered Agent	signature required	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	RS IN 12
TITLE	PD AND AND A	DELETE	1.1 TITLE		***************************************	Change	Addition
NAME	STRAUS, ARNOLD 10081 PINES BLVD. #C		1.2 NAME				
STREET ADDRESS ON 1 - ST- ZIP	PEMBROKE PINES FL 33024		1.3 STREET AC 1.4 City-St-				
: TITLE	VS	☐ DELETE	2.1 THILE	•"		Change	Addition
NAME	STRAUS, DONNA W. 10081 PINES BLVD. #C		2.2 NAME				
STREET ADDRESS	PEMBROKE PINES FL 33024		2 3 STREET AL			_	
CITY-ST-ZIF TITLE	CHEST COLUMN TO THE COLUMN TO	DELETE	2. 4 CITY-ST- 3.1 TITLE	ZIP		Change	Addition
NAME			3.2 NAME			·	
STREET ADDRESS			3.3 STREET AL	ODRESS			
City-St-7lP	,	DELETE	3.4. CITY-ST-	ZIP		☐ Change	Addition
THLE NAME		T Dereik	4.1 TITLE 4. 2 NAME			L CHANGE	☐ ¥0000001
STREET ADDRESS			4.3 STREET AC	ODRESS			
CHTY-ST ZIP			4.4 CITY-ST-	ZIP			
TRLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
CHY-ST-ZIP			5.3 STREET AC 5.4 CITY-ST-	l			
TITLE		☐ DELETE	6.1 TITLE	**		☐ Change	Addition
3MAN			6.2 NAME				
STREET ADDRESS			6.3 STREET AC	DDRESS			
CITY-ST-7IP	w could that the information constine	(with this filling does not a sale	6.4 CITY-ST-		n Section 119 07/2/(i) Florida Statute	as I further continue the	of the
informatio Lam an of appears i	by certify that the information supplied in indicated on this armual report or si flider or director of the corporation or in Block 12 or Block 13 if changed, or	uppfemental annual report is tr the receiver or trustee empow	ue and accura ered to execut	ate and that n	ny signature shall have the same leg- as required by Chapter 607, Florida :	al effect as if made u Statutes; and that my	nder oath; that name
SIGNATURE: Grand Masser			PRE	\$	1.24.97	954 431	2000