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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017417

1. Corporation Name

RILEY FINANCIAL GROUP CORPORATION

Principal Place of Business	Mailing Address	•	T (BBITTER) the rests terms or settle abiting early of		
9485 SUNSET DRIVE	9405 SUNSET DRIVE				
SUITE R-170	SUITE A-170		DO MOT WOLF IN T	1110 00405	
MAIMI FL 33173	MIAMI FL 33173		DO NOT WRITE IN T	HIS SPACE	
US	US		3. Date Incorporated or Qualifed	Į	
	a de altimo de Antolono		02/24/1997 4. FEI Number	Applied For	
2. Principal Place of Business 21 9380 SUNSET DRIVE	2a. Mailing Address	ET DRIVE	65-0730169	Not Applicable	
Suite, Apt. #, etc.	26 9380 34NS	JE! Dave	65-0/30109	\$8.75 Additional	
	— · ∻ · ·	B - 240	5. Certificate of Status Desired	Fee Required	
City & State	City & State	~ ~ , ~	6 Election Campaign Financing	\$5.00 May Be	
23 MIAME FL	28 - MIAMI	<u></u>	6. Election Campaign Financing	Added to Fees	=
Zip Country	Zip	Country	8. This corporation owes the current year		
24 33173 25 US	29 33173 30	7 1 (C	Personal Property Tax.	☐ Yes 🔼 No	
9. Name and Address of Current		<u>'</u>	10. Name and Address of New Register	red Agent	
		81 Name	^ ^		
RILEY, ANNE			HNNE KILEY		
9485 SUNSET DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	١E	
SUITE A-170		83			
MIAMI FL 33173			41TE B-240		
		84 City 100	IAMI	EL 85 Zip Code 33 1 93	
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above named corn	poration submits this statement for the purpose	e of changing its registered	
office or registered agent, or both, in the State of	of Florida. Such change was auth	ionzed by the corporation	on's board of directors. I hereby accept the ap-	opointment as registered	
agent. I am familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.	_		
		\ Oc	and the second second	サレイスノ	
SIGNATURE Standard company of recharged accept	le Ange Ri	ley Presi	DENT + REG. AGENT DATE DATE	4112137	-
Signature, typed or printed name of registered agent	1 apprilie it applicable. (NOTE: Re	PRESO	ed when reinstating)	S AND DIRECTORS IN 12	(00)
Signature, typed or printed name of registered agent 12. OFFICERS AN	1 apprilie it applicable. (NOTE: Re	PRESA gistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	(44 (00)
12. OFFICERS AND TITLE MPS	DIRECTORS (NOTE: Re	PRESA gistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition	(00) 777 700)
12. OFFICERS AND TITLE MPS NAME RILEY, ANNE	DIRECTORS (NOTE: Re	PRESIDISTANCE PR	ADDITIONS/CHANGES TO OFFICERS TO PS ANNE RILEY 1380 SUNSET DRIV	Change Addition	7007 /44 (00)
12. OFFICERS AND TITLE MPS RAME RILEY, ANNE STREET ADDRESS 9485 SUNSET DRIVE	DIRECTORS (NOTE: Re	PRESIDISTANCE PR	ADDITIONS/CHANGES TO OFFICERS TO PS ANNE RILEY 1380 SUNSET DRIV	Change Addition	001 VA (00)
12. OFFICERS ANI TITLE MPS NAME RILEY, ANNE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173	DIRECTORS (NOTE: Re	PRESIDISTANCE PR	ADDITIONS/CHANGES TO OFFICERS	Change Addition	(00) FY FOOL
12. OFFICERS AND TITLE MPS NAME RILEY, ANNE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 TITLE SIgnature, typed or printed name of registered agent MPS RILEY, ANNE STREET ADDRESS MIAMI FL 33173 TITLE	DIRECTORS DELETE	pistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS TO PS ANNE RILEY 1380 SUNSET DRIV		(00) 14 (00)
12. OFFICERS ANI TITLE MPS NAME RILEY, ANNE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 TITLE NAME NAME	DIRECTORS DELETE	PRESIDENT SIGNATURE REQUIRED TO SERVICE SERVIC	ADDITIONS/CHANGES TO OFFICERS TO PS ANNE RILEY 1380 SUNSET DRIV		(00) 141 (00)
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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.

SIGNATURE:

CITY-ST-ZIP

305)270.3013

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90101 037 ***150.00