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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

RIEBEL, INC.								
Principal Plac	ce of Business	Mailing Address			//41 BB111 BB1FB 10	1993 13000 10101 1 <u>01</u> 1	AI 1101 1831	
		701 1ST AVE NO ST PETERSBURG FL 33701	l	DO NOT W	OITE IN THE	S OD A CE		
				3. Date Incorporated or Quali	RITE IN THIS	SPACE		
				11/14/1997	iou.			
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-35	1/221	1× Ap	plied For	
21 4/27	whiting dr. S.E.	26 4127 Whiti	na dr. S. E	5.5# 603 56-263			t Applicable	
Suite, Apt.		Suite, Apt. #, etc.	J	5. Certificate of Status Desired		\$8.75 A	dditional	
22		27		9. Certificate of Otalios Desired	, <u></u>	Fee Re	 	
City & Stat		City & State	^	6. Election Campaign Financia	ng 🖂	\$5.00	•	
23 57. Pe	etersburg FL.	28 St. Peters	Country	Trust Fund Contribution		Added to		
24 3370		29 337 <i>05</i>	Pinellas	8. This corporation owes or ha Personal Property Tax due			angible No	
	Name and Address of Current	Registered Agent	70 V 17 C 17673	10. Name and Address of Ne				
•KB	RIEBEL, PATRICK	P. 1 2 1/2 1/2 1						
	1 1ST AVE NO	82 Street A	Patrick Krieddress (P.O. Box Number is Not Acco	optable)				
GT PETERSBURG FL 33701			4127		.E.			
- 7			83	-				
			84 City			85 Zip C	Code	
			57.	Petersburg	FI	_ 33	705	
11. Pursuant office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State c am familiar with, and ackept the obligat	and 607.1508, Florida Statutes of Florida, Such change was au	s, the above-named c thorized by the corpo	orporation submits this statement for oration's board of directors. I hereby a	the purpose incomplete the contract the cont	of changing its pointment as	s registered registered	
agent. I a	am familiar with, and accept the oleigal	iont of Abetion 607 0505, Flori	ida Statutes.	0 _1	المار	20/00	-	
SIGNATURE	Signature, yelled or purified name of registred rapid	The Prophoable (NOTE	Registered Agent signature re	CISE/	<u> </u>	סווש		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTOR	S IN 12	
TITLE	Partner	DELETE	1.1 TITLE			Change	Addition	
NAME	Jarret Lasker	F	1.2 NAME					
STREET ADDRESS	4127 whiting dr. S		1.3 STREFT ADDRESS					
CITY-ST-ZIP	St. Petersburg Fl.		1.4 CITY - ST - ZIP					
TITLE	Partner	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	Patrick Kriebel 4127 whiting dr. s	:. <i>F</i> .	2.2 NAME					
	St. Petersburg FL.	33705	2 3 STREET ADDRESS					
	57. Pet e /3000 5	DELETE	2. 4 CiTY - S1 - ZiP			Change	Addition	
TITLE NAME	}	€ DECEIE	31 TITLE 32 NAME			L Change	Manual Manual	
STREET ADDRESS	1		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4 CITY-ST-ZIP					
TITLE	-	DELETE	4.1 TITLE			Change	Addition	
NAME		—	4. 2 NAME					
STREET ADDRESS	\		4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY- ST- ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS	1		5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	···		☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

14. Thereby certify that the information supplied with this filling 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 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 ghanged, or on any trachment with an address.

41-20-98 (018)432-2261

FILED

May 22 1998 8:00am

Secretary of State