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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

RIVIERA TRAILER COURT INCORPORATED

Principal Place of Business Mailing Address

FILED Jan 26 1998 8:00am Secretary of State



805 PARK AVENUE LAKE PARK FL 33403					805 PARK AVENUE LAKE PARK FL 33403									DO NO	OT WF	RITE IN	THIS S	SPACE		
											3.		orporate 1/1956	ed or C	Qualifie	ed				
Principal Place of Business 2a. Mailing Address											4. FEI Number 59-0801804					\Box	_	tied For		
21					26							297	JOU IOU	/4				40.7	+	Applicable
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.						5.	Certifica	ate of Sta	ıtus De	sired					dditional Juired
City & State	9				City & St	ate					6.	Election	Campai	ign Fin	ancin	g g		\$5.0	00 N	/lav Be
23				28]							Trust Fu	ind Cont	ribution	n.	_ [Fees
Zìp		Cou	ntry		Zip		Col	intry	,		8.	This co	poration	owes	or has	s paid t	he cur	rent year	Inta	ngible
24		25		29			30						l Proper					Yes		No
	g. Name	and Add	iress of Curr	ent Regi	stered Age	ent		_			10.	Name a	nd Add	ress o	f New	Regis	tered /	Agent		
SM	ITH,RICHA	RD M						81	Nan	1e										
17169 ROCKY PINES RD.									Stre	Street Address (P.O. Box Number is Not Acceptable)										
JUI	PITER FL 3	3478						83												
								03												
								84									FL		Zip C	
11. Pursuant to office or reagent. I as	to the provisi	ions of S	ections 607.0	502 and	607.1508, F	Torida Statu	les, the a	bov	e-nam	ed corp	oration	n submit	s this sta	temen	t for th	he purp	ose of	changir	ng its	registered
office or re	egistered ag	ent, or b	oth, in the Sta	te of Flor	rida. Such c of Section (thange was	authorize orida Stat	d by	y the c	orporati	tion's b	oard of	directors	. I here	aby ac	cept th	re app	ointment	as re	egistered
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	.000p1 (//0 00)		.,															
SIGNATURE	Signature, typed	or printed n	ame of ragistered a	igent and titl	le if applicable.	(NO	E: Registere	d Age	ent signa	ture require	red when	reinstating					DATE			· ·
12.			OFFICERS A	ND DIRE	CTORS		13.				P	OITIOO	NS/CHA	NGES	TO Of	FFICER	S AND	DIRECT	FORS	IN 12
TITLE	PD					DELETE	1.1 73	TLE		-								Chan	ge	
NAME	SMITH,F						1,2 N	AME												
STREET ADDRESS			Pines RD.				1.3 S	TREET	ADDRES	s										
CITY - ST - ZIP	JUPITER	? FL					1.4 C	TY-S	ST-ZIP											
TITLE	D		_			DELETE	2.1 T)	TLE										L Chan	ge	
NAME	SMITH,I						2.2 N	AME												
STREET ADDRESS	17169 F	ROCKY	PINES RD.				2.3 \$	TREET	ADDRES	s										
CITY - ST - ZIP	JUPITER	₹FL					2.40	iTY-	ST-ZIP											
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TITLE			·· •••			DELETE	5.1 TI	TLE										Chan	ge	Addition
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STREET ADDRESS							5.3 S	TREET	ADDRES	s										
CITY-ST-ZIP							5.4 C	<u> </u>	ST-ZIP											
TITLE						DELETE	6.1 TI	TLE										Chan	ge	Addition
NAME							6.2 N	AME												
STREET ADDRESS							6.3 \$	TREET	ADDRES	is										
CITY-ST-7IP							6.4 C	ITY-S	ST-ZIP											
14. I hereby o	ertify that the	e informa	ation supplied	with this	filing does	not qualify t	or the exe	emp	tion st	ated in	Sectio	n 119.0	7(3)(i), Fl	orida S	statute	es. I fur	ther ce	rtify that	the i	nformation

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 a 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.