

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 197273 (6)  
1. Corporation Name  
RIGGS ENTERPRISES INC



Principal Place of Business  
2633 OKEECHOBEE RD.  
FT PIERCE FL 34947-4608

Mailing Address  
2633 OKEECHOBEE RD.  
FT PIERCE FL 34947-4608  
P.O. Box 787  
FT PIERCE, FL  
34954-787

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/01/1956	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0868432	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALONSO, ANDREW 2633 OKEECHOBEE RD FT PIERCE FL 33450				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<del>WASIELESKI, STELLA</del>		1.2 NAME	<del>CARLOS ALONSO, CARLOS</del>			
STREET ADDRESS	2633 OKEECHOBEE RD		1.3 STREET ADDRESS	2633 OKEECHOBEE RD			
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP	FT PIERCE FL			
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALONSO, ANDREW		2.2 NAME				
STREET ADDRESS	2633 OKEECHOBEE RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP				
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: *Sandra B. Mortham* 1/12/98 561-465-2240

CR2E034 (10/97)