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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 383497 1. Corporation Name

RIVER HOUSE MARKETING CORPORATION

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90113 011 ***150.00



Principal Place	e of Business	Mailing Address					TI MIMIL ASBIL BU	\$\$1 W1811 1881	
531 INDIAN HARBOR ROAD		531 INDIAN HARBOR ROAD							
VERO BEACH FL 32963		. VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE				
						IN THIS S	PACE		
					3. Date Incorporated or Qualifed				
0 0 (TD	()	20 Mailing Address			06/08/1971 4. FEI Number		Δnn	lied For	
─ ; '	lace of Business	2a. Mailing Address			59-2634820		_ ``	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	\$8.75 Ac		
22	#, etc.		27			<u></u>	Fee.Req	-	. 1
City & State		City & State			6. Election Campaign Financing		\$5.00 N	May Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Coun	try	8. This corporation owes the currer	ıt year Intai	ngible		
24	25	29 30			Personal Property Tax.		Yes [□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent		
				31 Name					
O'HAIRE, MICHAEL			1	32 Street	Address (P.O. Box Number is Not Acceptable)				
3103 CARDINAL DRIVE VERO BEACH FL 32960									
				33	,				
			- -	34 City			85 Zip Co	ode	
				,		<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ove-named	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of cl the appoint	nanging its r ment as req	egistered istered	
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statut	es.	and 5 date 5. Shoot 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
SIGNATURE									
	Signature, typed or printed name of registered age			gent signature re	ADDITIONS/CHANGES TO OFFI	DATE OF AND	DIRECTO	28 IN 12	CR2E034 (11/98)
12.	,	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CENS AND	☐ Change	Addition	=
TITLE	DS BARRARA I	D DECE IE	1.2 NAM				L.,	<u> </u>	7
NAME	MORRISON, BARBARA J								3
STREET ADDRESS	531 INDIAN HARBOR RD			EET ADORESS					2
CITY-ST-ZIP	VERO BEACH, FL 00000	☐ DELETE	2.1 TITL	(-ST-ZIP			Change	Addition	Ċ
TITLE	PD LODDICON JOHN I	22 N					_ '		
NAME	MORRISON, JOHN J 531 INDIAN HARBOR RD								
STREET ADDRESS				EET ADORESS Y-ST-ZIP				1	
CITY-ST-ZIP TITLE	VERO BEACH, FL 00000	DELETE	3.1 TITL		7	~	Change	Addition	
NAME	LUCIE. SHARON M	—			.17				
STREET ADDRESS			3.2 NAM		Lucie, Sharon m		X		
	1,		3.2 NAN 3.3 STR	tE .	Lucie, Sharon m 3935 Ortega Blud.		A		
CITY-ST-ZIP	-8804 MCGIRTS BLVD		3.3 STR	TE EET ADORESS	Lucie, Sharonm 3935 Ortega Blud. Jocksonville, Fl 3	210	, -		
ITTIF	-8804-MCGIRTS BLVD JACKSONVILLE, FL-00000-	☐ DELETE	3.3 STR	RE LEET ADORESS Y-ST-ZIP	Jacksonville, F1 3:	1210	S C	☐ Addition	
TITLE NAME	JACKSONVILLE, FL 00000- D WILLIAMS LYNN R 52/	Edia Hebrild	3.3 STR 3.4. CIT	RE EET ADORESS Y-ST-ZIP E	Jacksonville, F1 3:	1210	S C	Addition	RI
NAME	JACKSONVILLE, FL 00000- D WILLIAMS LYNN R 52/	Edia Hebrild	3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI	RE EET ADORESS Y-ST-ZIP E	D lynn W. Hich Fl 32	<u> </u>	Michange Indian	Harbor	Re
NAME STREET ADDRESS	JACKSONVILLE, FL 00000- D WILLIAMS LYNN R 52/	Edia Hebrild	3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR	NEET ADORESS Y-ST-ZIP E	D lynn W. Hich Fl 32	<u> </u>	Michange Indian	Harbor	_
NAME	JACKSONVILLE, FL 00000- D WILLIAMS, LYNN B	Edia Hebrild	3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR	REET ADORESS Y-ST-ZIP E ME ME LEET ADDRESS (-ST-ZIP	Jacksonville, F1 3:	<u> </u>	Michange Indian	Harbor	_
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 00000- D WILLIAMS LYNN R 52/	Indian Harborkd Kro Res. Fl	3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR 4.4 CITY	RE EET ADORESS Y-ST-ZIP E ME EET ADORESS (-ST-ZIP É	D lynn W. Hich Fl 32	<u> </u>	AChange Indian	Harbor h. F1 3296	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D WILLIAMS, LYNN B \$3/ 125 HIGHWAY A1A, APT 506 SATELLITE BCH FL 32937	Indian Harborkd Kro Res. Fl	3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	RE EET ADORESS Y-ST-ZIP E ME EET ADORESS (-ST-ZIP É	D lynn W. Hich Fl 32	<u> </u>	AChange Indian	Harbor h. F1 3296	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WILLIAMS, LYNN B \$3/ 125 HIGHWAY A1A, APT 506 SATELLITE BCH FL 32937	Indian Harborkd Kro Res. Fl	3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR	RE EET ADORESS Y-ST-ZIP E ME EET ADORESS (-ST-ZIP E ME	D lynn W. Hich Fl 32	<u> </u>	AChange Indian	Harbor h. F1 32963 Addition	_
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LYNN B \$3/ 125 HIGHWAY A1A, APT 506 SATELLITE BCH FL 32937	Endian Harbard Levo Ben. Fl	3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY	EEET ADDRESS Y-ST-ZIP E ME EEET ADDRESS (-ST-ZIP E ME EEET ADDRESS (-ST-ZIP E EEET ADDRESS (-ST-ZIP E	D lynn W. Hich Fl 32	<u> </u>	Michange Ind; an ro Beac □ Change	Harbor h. F1 32963 Addition	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-8604 MCGIRTS BLVD JACKSONVILLE, FL 60000- D WILLIAMS, LYNN B \$3.7 125 HIGHWAY A1A, APT 506, SATELLITE BCH FL 32937	Endian Harbard Levo Ben. Fl	3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAA	EEET ADDRESS Y-ST-ZIP E ME EEET ADDRESS (-ST-ZIP E ME EEET ADDRESS (-ST-ZIP E EEET ADDRESS (-ST-ZIP E	D lynn W. Hich Fl 32	<u> </u>	Michange Ind; an ro Beac □ Change	Harbor h. F1 32963 Addition	_

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, of on an attachment with an address, with all other like empowered.

SIGNATURE: