


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

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **414235** (2)

1. Corporation Name
R. I. F. DEVELOPMENT CORPORATION

Principal Place of Business %THOMAS BENNER (PO BOX 550) 102 S. BRIDGE ST. BREWSTER WA 98812	Mailing Address %THOMAS BENNER (PO BOX 550) 102 S. BRIDGE ST. BREWSTER WA 98812
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3. Date Incorporated or Qualified 12/07/1972		3a. Date of Last Report 02/27/1996	
4. FEI Number 94-2202567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BENNER, TIM 2111 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32802		10. Name and Address of New Registered Agent	
61 Name			
62 Street Address (P.O. Box Number is Not Acceptable)			
63			
64 City		65 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RICHARD	1.2 NAME	Miller, Richard
STREET ADDRESS	118 HWY 173	1.3 STREET ADDRESS	P.O. Box 580
CITY - ST - ZIP	BREWSTER WA	1.4 CITY - ST - ZIP	Brewster, WA
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SHEILA	2.2 NAME	Miller, Sheila
STREET ADDRESS	118 HWY 173	2.3 STREET ADDRESS	P.O. Box 580
CITY - ST - ZIP	BREWSTER WA	2.4 CITY - ST - ZIP	Brewster, WA
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP-Legal Affairs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNER, THOMAS	3.2 NAME	Benner, Thomas
STREET ADDRESS	102 S. BRIDGE ST.	3.3 STREET ADDRESS	102 S. Bridge St.
CITY - ST - ZIP	BREWSTER WA	3.4 CITY - ST - ZIP	Brewster, WA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	King, Pamela
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 580
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Brewster, WA
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 do 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:  **Thomas Benner, VP Legal Affairs** 1/16/97 (509) 689-3471
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)