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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 508835

(6)

RIS INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

5160 SW 15TH AVE

FILED Mar 01 1996 8:00 am Secretary of State

BOYNTON BEACH FL 33437		5160 SW 15TH AVE BOYNTON BEACH FL 33437			
				3. Date Incorporated or Qualified 06/16/1976	3a. Date of Last Report 04/25/1995
F	flace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apl. #, etc.		26		98-0033517	Not Applicable
22		Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Stat 23	e	City & Stale		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
₇	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	[30]	Florida Statutes 🔲 Yes	□No
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	i, alvin V 15th ave Dn Beach Fl 33437		82 Street // 5	Address (P.O. Box Number is Not Acceptable	Rd
			84 City		FI 85 Zip Code
11. Pursuant or register familiar wi	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	and £07.1508, Florida Statute a. Such change was authoriz	es, the above-named co ed by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	
SIGNATURE	Signet inclusived or printer marrie of registered agent a		Tt Registered Agent signature r	An used when seiner than	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THE	ĆD	☐ DELFTE	1. 1 TITLE	7.00.110.01.010.010.0110	Change Addition
NAME	GREENBERG, LEONARD E.		1.2 NAME		
STREET ADDRESS	5160 SW 15TH AVE.		1 3 STREET ADDRESS	11500 EL CLAIR RA	WAL BY
C(TY+S1+Z)P	BOYNTON BCH. FL		14 CITY-ST-ZIP	TO THE CANAL NA	WOM IND
`III.F	PD	CELETE	2 1 TITLE		Change Addition
NAME	KAPLAN, ALVIN		2.2 NAME		
STREET ADDRESS	5160 SW 15TH AVE.		2 3 STREET ADORESS	11500 EL CLAIR RA	nch Ro
CITY - \$1 - ZIP	BOYNTON BCH. FL		2 4 CITY-ST-ZIP		
TITUE	5015100111111	DELETE	3 1 TITLE		Change Addition
NAME	ECHELSON, IVAN		3.2 NAME	4	
STREET ADDRESS	5160 SW 15TH AVE.		33 STREET ADDRESS	11500 EL CLAIR R	anch Ad
CHY-S1-ZIF TULF	BOYNTON BCH. FL VPS	——————————————————————————————————————	3 4 CITY - ST - ZIP		
NAME	PETERMAN, MARJORIE A	☐ DELETE	4 1 TITLE		Change Addition
	5160 S.W. 15TH AVENUE		. 4 2 NAME		_
STHELL ADDRESS	BOYNTON BEACH FL		4.3 STREET ADDRESS	11500 BL CLAIR RA	anch Rd
CITY - ST - 7IP TITLE	DOTATION BEAUTIFL	DELETE	4.4 CITY - ST - ZIP		
NAME	MAYNARD, MICHAEL	€] recuse	5 1 10TLE		☐ Change ☐ Addition
STREET ADDRESS	5160 S.W. 15TH AVENUE		5 2 NAME	11044 E1 0: -	<u> </u>
OHY SEZIF	BOYNTON BEACH FL		5 3 STREET ADDRESS	11500 EL CLAIR RA	nch Rd
H'tE	DOMINION DENOTIFE	DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		
NAM(6 2 NAME		Change Addition
STREET ADDRESS			1		
CITY - ST - ZIP			6 3 STREET ADDRESS		
	v certify that the information supplied wi	In this filma is voluntable furni	6 4 CITY-ST-ZIP	by for the exemption stated in Section 119.07	

certify that the information indicated on this arrival 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 chappens or on an artachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Descripting Proce #