

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 508835 (6)

1. Corporation Name
RIS INVESTMENT GROUP, INC.

Principal Place of Business
5160 SW 15TH AVE
BOYNTON BEACH FL 33437

Mailing Address
5160 SW 15TH AVE
BOYNTON BEACH FL 33437-1802



2. Principal Place of Business
21 11500 EL CLAIR RANCH RD
Suite, Apt. #, etc.
22 City & State
23 Boynton Beach FL
Zip 33437 Country Palm Beach
24 33437 25 Palm Beach
2a. Mailing Address
26 11500 EL CLAIR RANCH RD
Suite, Apt. #, etc.
27 City & State
28 Boynton Beach FL
Zip 33437 Country Palm Beach
29 33437 30 Palm Beach

3. Date Incorporated or Qualified 06/16/1976
3a. Date of Last Report 03/01/1996
4. FEI Number 98-0033517
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KAPLAN, ALVIN
11500 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE CD ☐ DELETE
NAME GREENBERG, LEONARD E.
STREET ADDRESS 11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP BOYNTON BCH. FL
TITLE PD ☐ DELETE
NAME KAPLAN, ALVIN
STREET ADDRESS 11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP BOYNTON BCH. FL
TITLE T ☐ DELETE
NAME ECHELSON, IVAN
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BCH. FL
TITLE VPS ☐ DELETE
NAME PETERMAN, MARJORIE A
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BEACH FL
TITLE D ☐ DELETE
NAME MAYNARD, MICHAEL
STREET ADDRESS 11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP BOYNTON BEACH FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Ivan Echelson* 1/24/97 (561) 737-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)