

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 FILED: 05

DOCUMENT # 637857

(4)

1. Corporation Name

RIO COMMERCIAL CENTER, INC.

Principal Place of Business

813 E. 5TH ST
P.O. BOX 3322
STUART FL 34995

Mailing Address

813 E. 5TH ST
P.O. BOX 3322
STUART FL 34995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

City & State

28 Zip

24 County

29 County

30

3. Date Incorporated or Qualified
09/05/1979

3a. Date of Last Report
02/23/1994

4. IEL Number
59-1931311

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

7. This corporation has liability for intangible tax under § 199.038.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GOTTGES, GUNTER
713 MCARTHUR BLVD
STUART FL 34996

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL Zip Code 85

11. Pursuant to the provisions of Sections 607.084(2) 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 607.0808, Florida Statutes.

SIGNATURE

Printed Name or Signature of Person Authorizing Change in Registered Agent Systematic Registration

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	NAME	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	
OFFICE	NAME	4. NAME	
NAME	STREET ADDRESS	5. NAME	
CITY, ST, ZIP		6. STREET ADDRESS	
OFFICE	NAME	7. NAME	
NAME	STREET ADDRESS	8. NAME	
CITY, ST, ZIP		9. STREET ADDRESS	
OFFICE	NAME	10. NAME	
NAME	STREET ADDRESS	11. NAME	
CITY, ST, ZIP		12. STREET ADDRESS	
OFFICE	NAME	13. NAME	
NAME	STREET ADDRESS	14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
OFFICE	NAME	16. NAME	
NAME	STREET ADDRESS	17. NAME	
CITY, ST, ZIP		18. STREET ADDRESS	
OFFICE	NAME	19. NAME	
NAME	STREET ADDRESS	20. NAME	
CITY, ST, ZIP		21. STREET ADDRESS	
OFFICE	NAME	22. NAME	
NAME	STREET ADDRESS	23. NAME	
CITY, ST, ZIP		24. STREET ADDRESS	
OFFICE	NAME	25. NAME	
NAME	STREET ADDRESS	26. NAME	
CITY, ST, ZIP		27. STREET ADDRESS	
OFFICE	NAME	28. NAME	
NAME	STREET ADDRESS	29. NAME	
CITY, ST, ZIP		30. STREET ADDRESS	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 117(07)(b)(6), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a handwritten signature in Block 12 or Block 13 if changed, or on an attachment thereto.

SIGNATURE: Gunter Gottges

DIGITIZED AND PRINTED NAME OR SIGNATURE OF SIGNER ON DOCUMENT

1-31-95 334-4402
Date Printed From *