FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **673078** **(2)**

1. Corporation Name

RISER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1755 NE 149TH STREET MIAMI FL 33181	1755 NE 149TH STREET MIAMI FL 33181

3. Date Incorporated or Qualified: **06/11/1980**
3a. Date of Last Report: **06/05/1995**

4. FEI Number: **59-2009544** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 942 Pineland Dr.	26 942 Pineland Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Rockledge FL	28 City & State: Rockledge, FL.
24 Zip: 32955 25 Country: USA	29 Zip: 32955 30 Country: USA

9. Name and Address of Current Registered Agent

RISER, JEFRE T.
901 JEFFERSON AVENUE, APT. A
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: Steven A Riser
82 Street Address (P.O. Box Number is Not Acceptable): 942 Pineland DR
83
84 City: Rockledge FL 85 Zip Code: 32955

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: STEVEN A. RISER VICE PRESIDENT DATE: 4-26-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RISER, JEFRE T.		1.2 NAME	
STREET ADDRESS	901 JEFFERSON AVE, APT A		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RISER, STEVEN A		2.2 NAME	
STREET ADDRESS	942 PINELAND DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 report is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: Jefre T Riser President 4-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)