

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F78292** (2)  
1. Corporation Name  
**RIVOLTA DEVELOPMENT, INC.**



Principal Place of Business <b>2933 MAIN STREET SUITE 104 SARASOTA FL 34237 US</b>	Mailing Address <b>2033 MAIN STREET SUITE 104 SARASOTA FL 34237 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>1741 Main St, Suite 101</b> City & State 23 <b>Sarasota, FL</b> Zip 24 <b>34236</b> Country 25 <b>US</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>1741 Main St, Suite 101</b> City & State 28 <b>Sarasota, FL</b> Zip 29 <b>34236</b> Country 30 <b>US</b>	3. Date Incorporated or Qualified <b>04/29/1982</b>	4. FEI Number <b>59-2232097</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>VENABLE, JOSEPH P. 1400 4TH AVE W. BRADENTON FL 34205</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	1.2 NAME	
STREET ADDRESS	<b>VENABLE, JOSEPH P</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1532 84TH ST NW BRADENTON, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VD</b>	2.2 NAME	<b>VD</b>
STREET ADDRESS	<b>RIVOLTA, RACHELE</b>	2.3 STREET ADDRESS	<b>RIVOLTA, RENZO</b>
CITY-ST-ZIP	<b>215 ROBIN DRIVE SARASOTA, FL 00000</b>	2.4 CITY-ST-ZIP	<b>1741 MAIN ST. STE 101 SARASOTA, FL 34236</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PDT</b>	3.2 NAME	
STREET ADDRESS	<b>RIVOLTA, PIERO BARBERI</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>215 ROBIN DR SARASOTA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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:

1-28-98 944-954-0355

CR2E034 (10/97)