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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500000646

1. Corporation Name

RIVERCROSS PUBLISHING, INC.

## **FILED** Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90028 027 \*\*\*150.00



Principal Place of Business Mailing Address							A IMPINE HER LEIST STATE BRITT SPAN APPLI		****	.,
6214 WYNFIELD COURT 6214 WYNFIELD COURT										
ORLANDO FL 32819 ORLANDO FL 32819							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
	ŧ						02/08/1995			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For		
2126							13-3379110		Not Applicable	
Cuita Ant 4 nta					*		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State							6. Election Campaign Financing Trust Fund Contribution Added to Fees			
23	Canada	28	Zip	- Cou	intry		This corporation owes the current year			101000
Zíp				30	<b>–</b>		Personal Property Tax.			□No
24	9. Name and Address of Curre		tered Agent	1301	Γ_		10. Name and Address of New Registe	red Age	nt	
}	J. Haille and Addiess of Carts		A Price   Figure		81	Name				
FURI	MAN, JOSH					O4 1. A al ala	one (D.O. Bey Number in Not Assentable)	<del>-</del>		
6214 WYNFIELD CT. ORLANDO FL 32819					82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
UKL	ANDO FL 32819				83					
					84	City		$FL \mid_{\_}^{\mathfrak{s}}$	1	Code
agent. Far	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 6 e of Flori ations of	507.1508, Florida Statu da. Such change was i, Section 607.0505, Flo	ites, the a authorize orida Stat	bove d by utes	e-named corp the corporatio	oration submits this statement for the purpos in's board of directors. I hereby accept the a	_	nging i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOT	E: Registere	l Ager	nt signature require				
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	P		☐ DELETE	1.1 T	TLE		•	L	Change	- Madidon
NAME	FURMAN, JOSH			1.2 N	AME					
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NAME	FURMAN, PATRICIA	•		2.2 N						}
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NAME				3.2 N		}				ļ
STREET ADDRESS						TADDRESS				
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NAME						TADDRESS				
STREET ADDRESS						T. 7ID				

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 it changed so on an attachment with an address, with all other like empowered.

SIGNATURE