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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # G08061



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

May 07, 1999 8:00 am Secretary of State

05-07-1999 90177 033 ***150.00

RIKER'S ENTERPRISES, INC.								
						THE REPORT OF THE PROPERTY OF	L BANKIN ÖLÜLIN ÖLÜLÜN BÜNÜLÜ B	
Principal Place	e of Business	Mailing Address			7			1817 41911 1447
1348 STRAWBERRY LANE 1348 STRAWBERRY LANE								
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415						DO NOT WEITE W	THE PRACE	
					- <u>-</u> -	DO NOT WRITE IN Date Incorporated or Qualifed	THIS SPACE	
						11/10/1982		
0.00	In a figure	2a. Mailing Address				El Number		plied For
						59-2250984		t Applicable
25						J9 2230904	\$8.75 A	
<u>├─</u>						Certifcate of Status Desired		quired
22						Election Campaign Financing	\$5.00	May Re
23 28						rust Fund Contribution	Added to	
Zip Country Zip			Count	Country		his corporation owes the current ye	ear Intangible	_
24	25		30			Personal Property Tax.	∐Yes	□No
	9. Name and Address of Curren				10. N	Name and Address of New Regis	tered Agent	
			8	1 Name				
BELINDA J. RIKER				2 Street Addr	roco /B (D. Box Number is Not Acceptable)		
1348 STRAWBERRY LANE			*	2 Street Addi	1955 (F.V	5. Box Number is Not Acceptable)		
WES	T PALM BEACH FL 33415		8	3	,			
			_	211		<u> </u>	85 Zip C	Sodo
) 8	4 City			FL 85 Zip	Joue)
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named corp	oration	submits this statement for the purpo	ose of changing its	registered
l office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	tnonzed b	y tne corporation	on's boa	rd of directors. I hereby accept the	appointment as re	gistered
	m tamiliai with, and accept the obliga	ilians of, decilon our losos, Flore	da Cialdic					
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered Ag	ent signature require	d when rein	nstating) D/	ATE	
12.	OFFICERS AN	ID DIRECTORS	13.		Αſ	ODITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
TITLE	D DELETE 1.1		1.1 TITLE	_			Change	☐ Addition
NAME	RIKER, RONALD M		1.2 NAME					ļ
STREET ADDRESS	ss 1348 STRAWBERRY LN. 1.3		1.3 STRE	1.3 STREET ADDRESS				Ì
CITY-ST-ZIP	W PALM BCH, FL 00000 1.4		1.4 CITY-	ST-ZIP				
TITLE	DP	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	RIKER, BELINDA J		2.2 NAME	<u> </u>				
STREET ADORESS			2.3 STRE	ET ADDRESS				,)
CITY-ST-ZIP	1		2.4 CITY	2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS				}
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAM	E				ŀ
STREET ADDRESS	1		ı	ET ADDRESS				}
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME	.				
STREET ADDRESS	1		5.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			5.4 CITY-	·ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME	.				
			6.3 STRE	ET ADDRESS				
JINCLI MUUNCOO			I	_				

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, with all other like empowered.

SIGNATURE: