

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

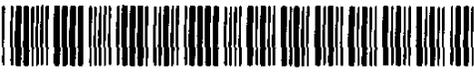
FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **G37173 (3)**
 1. Corporation Name
FLORIDA RIVERS DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
2121 MCGREGOR BOULEVARD FT MYERS FL 33901 **2121 MCGREGOR BOULEVARD FT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **167 Frenchman Ct.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Ft. Myers, FL**
 Zip Country
 24 **33912** 25

2a. Mailing Address
 26 **2095 N. Jefferson**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Midland, MI**
 Zip Country
 29 **48642** 30

3. Date Incorporated or Qualified
05/05/1983

4. FEI Number Applied For
58-1536549 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KIESEL, THOMAS F.
2121 MCGREGOR BLVD
FT MYERS FL 33902

10. Name and Address of New Registered Agent
 81 Name **John N. Bartos**
 82 Street Address (P.O. Box Number is Not Acceptable)
167 Frenchman Ct.
 83
 84 City **Ft. Myers** FL 85 Zip Code **33912**

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 *John N. Bartos* **JOHN N. BARTOS, Sec/Treas.** **7/21/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, DONALD R	
STREET ADDRESS	1700 ARDMORE	
CITY-ST-ZIP	MIDLAND MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARTOS, SANDRA L	
STREET ADDRESS	2095 N JEFFERSON	
CITY-ST-ZIP	MIDLAND MI 48642	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BARTOS, JOHN N	
STREET ADDRESS	2095 N JEFFERSON	
CITY-ST-ZIP	MIDLAND MI 48642	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *John N. Bartos* **7/21/98 1-517-835-5980**

CR2E034 (5/98)