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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G39712

(6)

RIVER WATCH CORP.

Principal Place of Business

Mailing Address

## FILED Jan 23 1998 8:00am Secretary of State



40 CUTTERMILL ROAD. SUITE 500 GREAT NECK. NY. 11021		40 CUTTERMILL ROAD, SUIT GREAT NECK, NY. 11021	E 509		
				DO NOT WRITE IN THI	\$ SPACE
				3. Date Incorporated or Qualified 05/13/1983	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 40 C	uttermill Road		mill Roo	58-1575532	Not Applicable
<u></u>	e 201	Suile, Apt. #, etc. 27 Suite 201		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1 8357	6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Gre		28 Great Nec		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24 10	9. Name and Address of Curre	29 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes V No
		III uadistatan waalit	81 Name	IV. Italiia and Address of item hagistere	n Agent
CI CORPORATION SYSTEM					
PLANTATION FL 33324			82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
			83		
			84 City	F	85 Zip Code
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 repistered as	geni and bitle if amplicable (NOT). Be	gistered Agent signature	required when reinslating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, BENTLEY J		1.2 NAMÉ		
STREET ADDRESS	15811 FISHER ISLAND DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND FL		1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	21 TITLE		Change Addition
NAME	KARLIK, JERRY	1	2.2 NAME		·
STREET ADDRESS	40 CUTTERMILL RD., #509		2.3 STREET ADDRESS	40 Cuttermill RD. #201	
CITY-ST-ZIP	GREAT NECK NY		2. 4 CITY - ST - ZIP	40 Cuttermill RD., *201 Great Neck, NY 11021	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS		1	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		ł	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	/	j	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		1	5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITL€		Change Addition
NAME		1	6.2 NAME		
STREET ADDRESS		ŀ	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied v	vith this filing does not qualify for the	e exemption state	d 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 eath; 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 an attachment with an address					