04-20-1999 90271 022 ***150.00

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

DOCUMEN	Γ#	G73557
Corporation Name		U U UU.

RIVERTON ASSOCIATES INC.

Principal Place of Business

Mailing Address



1514 WHITEHALL DR.#303: 1574 WHITEHALL UR.#303 PLANTATION FL. 33324 PLANTATION FL. 33324			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualifed 12/08/1983	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2373264	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6: Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29 30	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
9. Name and Address of	10. Name and Address of New Register	ad Agent		
HITHERSAY, B.R.		81 Name		
1514 WHITEHALL DR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#303 PLANTATION FL 33324		83		
		84 City		S5 Zip Code
office or registered agent, or both, in the	07.0502 and 607.1508, Florida Statutes, e State of Florida. Such change was auth o obligations of, Section 607.0505, Florida	onzed by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered

office or n agent. I ar	egistered agent, or both, in the State of Florida. Such change was at m familiar with, and accept the obligations of, Section 607.0505, Flor	ida Statutes.	station's poster of anothers. Thereby accept the appe		,,
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	HITHERSAY, BARRY	1.2 NAME			
STREET ADDRESS	1514 WHITEHALL DR.,#303	1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL	1.4 City-St-ZIP			
TITLE	DS DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	HITHERSAY, JUNE	2.2 NAME			
STREET ADDRESS	1514 WHITEHALL DR #303	2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	groups with the second control of the second	Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		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		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY+ST-ZIP		6.4 CITY-ST-ZIP	His Continue 140 07/20/0) Elevido Ctobato I further co		

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 attackment with an address, with all other like empowered.

SIGNATURE: