

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H59761**

(7)

1. Corporation Name
RIETTER ENTERPRISES #1, INC.

Principal Place of Business

**5150 SW 148TH AVENUE
FT. LAUDERDALE FL 33330**

Mailing Address

**5150 SW 148TH AVENUE
FT. LAUDERDALE FL 33330**



2. Principal Place of Business

21 Subd. Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Subd. Apt. #, etc.

27 City & State

28 Zip Country

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3. Date Incorporated or Qualified **06/03/1985**

3a. Date of Last Report **04/11/1995**

4. FEIN Number **59-2589792**

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 is a liability for intangible tax under s. 193.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**RIETTER, KARL C.
5150 SW 148TH AVENUE
FT. LAUDERDALE FL 33330**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.090 and 607.1300, Florida Statutes, for which this corporation submits this statement for the purpose of changing its registered office, similar with, and accept the obligations of Section 607.090, Florida Statutes, I hereby accept the appointment as registered agent. I am

SIGNATURE

[Signature]

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP	12.1 NAME	RIETTER, KARL C.	13.1 TITLE	
12.2 STREET ADDRESS	5150 SW 148TH AVENUE	12.2 NAME		13.2 STREET ADDRESS	
12.3 CITY-STATE-ZIP	FT. LAUDERDALE FL	12.3 STREET ADDRESS		13.3 CITY-STATE-ZIP	
12.4 TITLE	DS	12.4 NAME	RIETTER, ANITA L.	13.4 TITLE	
12.5 STREET ADDRESS	5150 SW 148TH AVENUE	12.5 STREET ADDRESS		13.5 CITY-STATE-ZIP	
12.6 CITY-STATE-ZIP	FT. LAUDERDALE FL	12.6 NAME		13.6 STREET ADDRESS	
12.7 TITLE		12.7 STREET ADDRESS		13.7 CITY-STATE-ZIP	
12.8 NAME		12.8 CITY-STATE-ZIP		13.8 TITLE	
12.9 STREET ADDRESS		12.9 NAME		13.9 STREET ADDRESS	
12.10 CITY-STATE-ZIP		12.10 STREET ADDRESS		13.10 CITY-STATE-ZIP	
12.11 TITLE		12.11 CITY-STATE-ZIP		13.11 TITLE	
12.12 NAME		12.12 NAME		13.12 STREET ADDRESS	
12.13 STREET ADDRESS		12.13 STREET ADDRESS		13.13 CITY-STATE-ZIP	
12.14 CITY-STATE-ZIP		12.14 CITY-STATE-ZIP		13.14 TITLE	
12.15 TITLE		12.15 NAME		13.15 STREET ADDRESS	
12.16 NAME		12.16 STREET ADDRESS		13.16 CITY-STATE-ZIP	
12.17 STREET ADDRESS		12.17 CITY-STATE-ZIP		13.17 TITLE	
12.18 CITY-STATE-ZIP		12.18 NAME		13.18 STREET ADDRESS	
12.19 TITLE		12.19 STREET ADDRESS		13.19 CITY-STATE-ZIP	
12.20 NAME		12.20 CITY-STATE-ZIP		13.20 TITLE	
12.21 STREET ADDRESS		12.21 NAME		13.21 STREET ADDRESS	
12.22 CITY-STATE-ZIP		12.22 STREET ADDRESS		13.22 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information required for 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 of the corporation and that my signature shall have the same legal effect as if made under oath, appears in Block 12 or Block 13 of this report or in any other filing with the Department of State, Florida Statutes, and that my name

SIGNATURE: *Anita L. Rietter, Sec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANITA L. RIETTER, SECRETARY

03-27-96 954-947-5826

CR2E034 (12/95)