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

**PROFIT** 

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Mar 19 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (4)J75628 RIEBEL DEVELOPMENT CORPORATION Mailing Address Principal Place of Business % WILLIAM J. RIEBEL 890 N. COURTENAY PKWY.. STE 201 % WILLIAM J. RIEBEL 890 N. COURTENAY PKWY.. STE 201 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1987 2. Principal Place of Business 2a. Mailing Address Applied For 242 ANNA LISA 242 ANNALISA 59-2835561 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIEBEL, WILLIAM J. **5665 N TROPICAL TRAIL** Street Address (P.O. Box Number is Not Acceptable) 82 **MERRITT ISLAND FL 32953** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE NAME RIEBEL, WILLIAM J. 1.2 NAME **5655 N TROPICAL TRAIL** STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RIEBEL, SUSAN H NAME 2.2 NAME STREET ADDRESS 5655 N TROPICAL TRAIL 2.3 STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 DTLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE ☐ Change 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP City-SI-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 of the receiver or frustoe 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 attact fellowith an address

SIGNATURE:

ELORIDA DEPARTMENT OF STATE

FILED