## 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 # 1. Corporation Name K19291

(9)

RIVERVIEW FT. MYERS, INC.

FILED	
May 06 1998 8:00ar	n
Secretary of State	



Principal Place of B	lusiness	Mailing Address			I SOURCE BOURT HOUSE COLOR COL		HAN ONN INDI
1100 5TH AVE SO		1100 5TH AVE SO					
201	201 201				DO NOT WOITE IN T	140 0D405	
NAPLES FL 34102		NAPLES FL 33940			DO NOT WRITE IN T	HIS SPACE	
US		US			3. Date Incorporated or Qualified		
2. Principal Place o	A Ducinone	2a. Mailing Address		······································	03/28/1988 4. FEI Number		
_	N DUSINESS	——————————————————————————————————————			1		Applied For
21 Suite, Apt. #, etc		Suite, Apt. #, etc.			65-0038953		Not Applicable
	••	hη			5. Certificate of Status Desired	7	5 Additional Required
City & State		City & State	··		+ <u> </u>		
23		28			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Countr	v	<del></del>	<del></del>	
24	25	29	30	,	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes	∏ No
	Name and Address of Currer		30		10. Name and Address of New Registe		
<u>=</u>	RATION COMPANY OF MIA	<del>-</del>	81	Name			
	TS & BOWEN	'MI		<u> </u>			
			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	ISCAYNE BLVD		83	-			
MIAMI F	L 33131		["	1			1
			84	City		FL 85 Zi	p Code
44 Diversant to the	provisions of Postions 607 056	22 and CO7 1500. Florida Platuta	a the sha		poration submits this statement for the purpo		
office or registe	ered agent, or both, in the State	of Florida. Such change was a alions of, Section 607.0505, Flo	uthorized b	y the corporal	tion's board of directors. I hereby accept the	appointment	as registered
SIGNATURE		,					
Signatu	re typed or printed name of registered agr	ent and title if applicable (NOTE	: Registered Ap	jent signature requi	red when reinstating) DA	ITE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE <b>S</b> [		☐ DELET <b>e</b>	- 1.1 TITLE			∐ Changi	e 🛄 Addition
	DNNOR, SYLVIA		1.2 NAME				
	105 SAN MIQUEL WAY		1.3 STREE	1 ADDRESS			ŀ
	APLES FL		1.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	e 📙 Addition
	E ARMAS, LUIS		2.2 NAME				
	11 S BISCAYNE BLVD		2.3 STREE	T ADORESS			
CITY-ST-ZIP MI	AMI FL		2. 4 CITY -	ST-ZIP			
TITLE P1		☐ DELETE	3.1 TITLE			Change	e 🔲 Addition
	anklyn, John A.		3.2 NAME	İ			
	00 5TH AVE SO. #201		3.3 STREE	T ADDRESS			Į
	VPLES FL		3.4. DITY-	ST-ZIP			
TITLE AS		DELETE	4.1 THLE			☐ Change	e 🔲 Addition
	EPAUW, ANJA		4. 2 NAME				
STREET ADDRESS 49	21 22ND AVE SW		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	APLES FL		4.4 CITY-	ST-ZIP			
TITLE	·· <del>·</del>	DELETE	5.1 TITLE			Change	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	<u> </u>		Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS							
ALLIER LIMBURGO I			6.3 STREE	T ADDRESS			l

14. 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 thoreceive 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