SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
'96 SEP -4 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65176** **(5)**

1. Corporation Name
RIVRAN HOLDINGS, INC.

Principal Place of Business	Mailing Address
24700 HIGHWAY 60 EAST P. O. BOX 30030 RIVER RANCH FL 33867	24700 HIGHWAY 60 EAST P. O. BOX 30030 RIVER RANCH FL 33867

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 24700 Highway 60 East
22 Suite, Apt. #, etc
23 City & State: Lake Whales, FL
24 Zip: 33853
25 Country: USA

2a. Mailing Address
26 4701 Von Karman
27 Suite, Apt. #, etc: 3rd Floor
28 City & State: Newport Beach, CA
29 Zip: 92660
30 Country: USA

4. FEI Number: 58-1831598 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MYERS, C. B. III
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33853

10. Name and Address of New Registered Agent
81 Name: Hal Parks
82 Street Address (P.O. Box Number is Not Acceptable): 24700 Highway 60 East
83
84 City: Lake Whales **FL** 85 Zip Code: 33853

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: Hal Parks (Signature of, and printed name of, registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	11 TITLE	D S T	☒ Change ☒ Addition
NAME	HENDERSON, E. RANDALL,JR		12 NAME	Marlies Novelli	
STREET ADDRESS	2400 CRESTMOOR RD.		13 STREET ADDRESS	4701 Von Karman	
CITY-ST-ZIP	NASHVILLE TN		14 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	DST	☒ DELETE	21 TITLE	DP	☒ Change ☒ Addition
NAME	PETTY, RONALD W.		22 NAME	Raymond Novelli	
STREET ADDRESS	2400 CRESTMOOR RD.		23 STREET ADDRESS	4701 Von Karman	
CITY-ST-ZIP	NASHVILLE TN		24 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE		☐ DELETE	31 TITLE	700001946277	☐ Change ☐ Addition
NAME			32 NAME	-09/12/96--01111-001	
STREET ADDRESS			33 STREET ADDRESS	****600.00 ****300.00	
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME	700001946277	
STREET ADDRESS			43 STREET ADDRESS	-09/12/96--01111--001	
CITY-ST-ZIP			44 CITY-ST-ZIP	****600.00 ****225.00	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

MB 9-12-96

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marlies Novelli Marlies Novelli, Sec. (714) 474-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #