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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # L81308



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90127 037 ***150.00

RIAGE, INC.	•	_
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% NEIL ELMQUIST % NEIL ELMQUIST 1360 SW 160 AVE 1360 SW 160 AVE SUNRISE FL 33326 DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified		
1360 SW 160 AVE 1360 SW 160 AVE SUNRISE FL 33326 SUNRISE FL 33326 DO NOT WRITE IN THIS SPA		
SUMMOE PE 33326	NOE.	
	1CE	
06/19/1990		
2. Principal Place of Business 2a, Mailing Address 4, FEI Number	App	plied For
	Not	t Applicable
Suite Ant # ata	8.75 A	Additional
Suite, Apt. #, etc. 5. Certificate of Status Desired 27	Fee Re	quired
City & State	\$5.00	May Be
	Added to	
Zip Country Zip Country 8. This corporation owes the current year Intangit	ble	
		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Ager	nt	
81 Name		ļ
ELMQUIST, NEIL 82 Street Address (P.O. Box Number is Not Acceptable)		
1360 SW 160 AVE		
SUNRISE FL 33326 83		
		Code
FL 8	IS Zip C	ode
1007 1000 1007 1000 Florida Change the above parent composition submits this statement for the purpose of change	nging 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 never appointment and programment and prog	eni as re	gistered
SIGNATURE Necl Elmquist Mellinguist	<u> </u>	
Signature, breed or printed name of indistance agent and title if applicable. MOTE: Registered Agent signature required when reinstating?		
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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 attachment with an address, with all other like empowered.

CR2E034 (11/98)

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