## 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

(0)

**FILED** 

May 05 1998 8:00am

Secretary of State

RIVERWALK ENTERPRISES. INC. Principal Place of Business Mailing Address 154 PARK AVE S 154 PARK AVE S. WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3027618 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GREEN, MICHAEL L 154 PARK AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable 82 WINTER PARK FL 32789 83 Zip Code 84 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 Signature, typed or ponted name of registered agent and little if applicable (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Change 11 TITLE TITLE GREEN, MICHAEL L. 12 NAME NAME 180 S. Knowles A 154 PARK-AVE., SOUTH 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6 3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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