**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **M02714** **(7)**

1. Corporation Name

**NEW RIVER TRADING, INC.**

Principal Place of Business
**750 NW 57TH COURT**
**FORT LAUDERDALE FL 33309**

Mailing Address
**750 NW 57TH COURT**
**FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **07/16/1984**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2430334** 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

**GUTTER, JOSEPHER, RUFFIN**
**ONE EAST BROWARD BOULEVARD**
**FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature is required when name is changed) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | JENKINS, DARRYL | 1.2 NAME | |
| STREET ADDRESS | 1008 VENETIAN BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ISLAMORADA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VS ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROBINSON, DONALD | 2.2 NAME | |
| STREET ADDRESS | 2537 NASSAU LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | T ☒ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | JENKINS, DOROTHY | 3.2 NAME | |
| STREET ADDRESS | 1008 VENETIAN BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ISLAMORADA FL | 3.4 CITY-ST-ZIP | |
| TITLE | T ☒ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROBINSON, HILDA | 4.2 NAME | |
| STREET ADDRESS | 2537 NASSAU LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(k), 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.

**SIGNATURE:** x D.R.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (954)771-1112
Date Daytime Phone #