## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** Feb 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (9)RIVIERA TAN SAFE, INC. Principal Place of Business Mailing Address 5410 WEST ATLANTIC BLVD 5410 WEST ATLANTIC BLVD. MARGATE FL 33063-5209 MARGATE FL 33063-5209 LDO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/29/1988 2. Principal Place of Business Applied For 27 3140 NBRTH Not Applicable 65-0033554 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARTSUFF, BONNIE 5410 WEST ATLANTIC BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 3140 N. FEDGRAL MARGATE FL 33063 83 84 City 33004 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 on Iorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the officeation's office corporation submits this statement for the purpose of changing its registered office or registered agent. Lam familiar with, and accept the officeation 607.0505, Florida Statutes. It. Begistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE HARTSUFF, BONNIE NAME 1.2 NAME 3140 W. FRORNAL NU STREET ADORESS 5410 W. ATLANTIC BLVD. 1.3 STREET ADDRESS MARGATE FL LIGHTHOUZE POWTK CITY-ST-ZIP 1.4 CITY-ST-ZIP ... DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETÉ Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DEFFTE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 suppliemental 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 profit of the receiver or troute empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it change I or on an attachment with an oddress.

6 t TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

City+St-ZiP

TITLE

NAME

1/31/58 661-691-1691

Addition