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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P92000007891 (4)

FILED Feb 23 1998 8:00am Secretary of State

	. RIVEH WHOLESALE				-					
rincipal Place of Business		Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7120 W. GULF 1 Crystal River Us		7120 W. GULF TO LAKE HWY. CRYSTAL RIVER FL 34429-7839 US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 11/30/1992				
. Principal Plac	e of Businoss	2a. Mailing Address				4. FEI Number	Applied For			
<u></u>		26				65-0366921	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country 25	7ip	30	untry	,	This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
JOHNSON, JANICE 14154 ASTER AVE W PALM BCH FL 33414					Name Street Address (P.O. Box Number is Not Acceptable)					
****	Chi Doll I E 30414									
				84	City	1	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 of the corporation's board of directors. I berefy accept the appointment as registered

SIGNATURE :	Signature: typod or printed name of registered agent and title if ap	row) olderalog	Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTO	DRS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TeTLE		Change	Additio
NAME	JOHNSON, JANICE		1.2 NAME			
TREET ADORESS	14154 ASTER AVE		1.3 STREET ADDRESS			
XTY-ST-ZIP	W PALM BCH. FL 33414		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	21 TITLE		Change	Additio
LAME	JOHNSON, ALMER		2.2 NAME			
STREET ADDRESS	3451 NW 36TH PLACE		2.3 STREET ADDRESS	'		
CITY-ST-ZIP	GAINESVILLE FL 32605		2 4 CITY-ST-ZIP			
ITLE		DELETE	3.1 TITLE		Change	Additio
MME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
ITY-ST-ZIP			3.4. CITY-ST-ZIP			
TLE		DELETE	4.1 TITLE		Change	Additio
IAME			4. 2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
aty-st-zip			4.4 CITY - ST - ZIP			
ITLE		DELETE	51 TITLE		Сһапде	☐ Additio
IAME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
ITY-ST-ZIP			5.4 CITY-ST-ZIP			
ITLE		DELETE	6.1 TITLE		Change	☐ Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 suppliemental arrival 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:

2-16-98