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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED					
Jun 05 1997 8:00am					
Secretary of State					

Principal Place 8001 6	IMENT # 19300004213 on Name Riotic Solutions, Inc. ce of Business E. Shannon Ct.				
INVE	ERNESS, FL 34450-2711				
34730 2717			3. Date Incorporated or Qualified 3a. [5]	Date of Last Report	
2. Principal Place of Business 21 8001 E. Shannon C+. 26 SAME			4. FEI Number	Applied For	
21 800 / Suite, Apt		ne	59-3163106	Not Applicable	
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	le City & State		6. Election Campaign Financing	\$5.00 May Be	
23 INV	ERNESS, FL 28		Trust Fund Contribution	Added to Fees	
24 3445	Country Zip Zip Zip Zip Zip Zip	Country	8. This corporation has liability for intangible Florida Statutes		
24 0770	Name and Address of Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registered	<u> </u>	
		81 Name	74. Hamo and Addibes of the Trogretoro	Agoit	
Michi	AEI D. Rubin	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	E. SHANNON Ct.	Silver Add	ress (r.o. box number is not acceptable)		
TNYE	ERNESS, FL 34450-2711	83			
	, , , , , , , , , , , , , , , , , , ,	84 City		85 Zip Code	
			FI		
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 gnature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KARIA J. RUBIN 8001 E. SHANNON CT. TNVERNESS, FL 34450-2711	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - St - Zip		Change Addition 3	
TITLE	DELETE	21 TITLE		Change Addition	
NAME	STEVEN ZIEBARTH	2.2 NAME			
STREET ADDRESS	1817 KimbERly	2 3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS, FL 34453	2. 4 CHY-ST-ZIP			
TITLE	VICE PRESIDENT	3.1 TITLE	 .	Change Addition	
NAME CTOTET ADDOCCE	Michael D Rubin	3.2 NAME			
STREET ADDRESS	8001 E. SHANNON CT.	3 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	THYERNESS, FL 3445D-27 11	34 CITY-ST-ZIP		Change Addition	
NAME	OEC / TREE =	4 2 NAME		Per Aurusia T Vanition	
STREET ADDRESS	KARLA J. RUDIN CT.	4.3 STREET ADORESS	0. 41		
CITY-ST-ZIP	INVERNESS FL 34450 2011	4.4 CITY-ST-ZIP	$\Gamma_{\rm b}$ M/W		
TITLE	DELETE	5.1 TITLE	V W = a 1	Change Addition	
NAME		5.2 NAME	P. 570	ļ	
STREET ADDRESS		5 3 STREET ADDRESS	\n'\	ļ	
CITY-ST-ZIP	T OCCUPA-	5.4 CITY - ST - ZIP	V		
TITLE	DELETE	61 TILLE	6000022092 -06/11/9701109	Addition	
NAME Street address		6.2 NAME	-06/11/9701109	-008	
CITY-\$1-ZIP		6.3 STREET ADDRESS	***165.00		
	by certify that the information expoling with this filling does not qualify	6 4 CHY-ST-ZIP	dio Contine 110 07/09/0 Flor de Cast des 17 de		

to oriereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the tempowered 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

Sala Tulin KARIA J. RUBIA

6/2/97 352-637-4100