

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90267 002 ***150.00

DOCUMENT # P94000013427

1. Corporation Name

NEW RIVER TECHNOLOGIES, INC.

Principal Place of Business

**110 E. BROWARD BLVD
SUITE 1400
FORT LAUDERDALE FL 33301
US**

Mailing Address

**110 E. BROWARD BLVD
SUITE 1400
FORT LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

65-0525498

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SMITH, DENNIS D ESQ.
C/O DENNIS D. SMITH ESQ.
110 SE 6TH ST 15TH FLOOR
FORT 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **LEWIS, RAYMOND J JR**
STREET ADDRESS **110 S.E. 6TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE

NAME **ARTHUR, ROSALIE V**
STREET ADDRESS **333 E LAS OLAS BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **S** ☐ DELETE

NAME **TRIPP, NORMAN D**
STREET ADDRESS **110 S.E. 6TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE

NAME **KELLY, WILLIAM H JR**
STREET ADDRESS **55 E MONROE ST**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **T** ☐ DELETE

NAME **ALLEN, CELESTE**
STREET ADDRESS **110 E. BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **C** ☐ DELETE

NAME **EGAN, MICHAEL S.**
STREET ADDRESS **110 SE 6TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Brown, Georgianne**
1.3 STREET ADDRESS **110 E. Broward Blvd.**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

2.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

2.2 NAME **Arthur, Rosalie V.**
2.3 STREET ADDRESS **333 E. Las Olas Blvd.**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

3.1 TITLE **Fischer, Robert** ☐ Change ☒ Addition

3.2 NAME **Assistant Treasurer**
3.3 STREET ADDRESS **110 E. Broward Blvd.**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

4.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

4.2 NAME **Segaul, Robin**
4.3 STREET ADDRESS **110 E. Broward Blvd.**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

5.1 TITLE **(see attachment for list of D's)** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)