ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0065744

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90032 007 ***550.00

DOCUMENT # **P94000030982**

1. Corporation Name

RIFFLE ASSOCIATES, INC.

Principal Place of Business

5912 WOODLAND POINT PLACE
FORT LAUDERDALE FL 33319

Mailing Address

5912 WOODLAND POINT PLACE
FORT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/22/1994**	
4. FEI Number **65-0484557**	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. ☐ Yes ☒ No	

Principal Place of Business	2a. Mailing Address	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27
City & State	City & State	28
Zip	Country	25	Zip	Country	29	30

9. Name and Address of Current Registered Agent

RIFFLE, CAROLYN S
5912 WOODLAND POINT PLACE
FORT LAUDERDALE FL 33319

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

1. 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.

IGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (5/99)

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	RIFFLE, CAROLYN S		1.2 NAME	
REET ADDRESS	5912 WOODLAND POINT PLACE		1.3 STREET ADDRESS	
Y-ST-ZIP	FORT LAUDERDALE FL 33319		1.4 CITY-ST-ZIP	
LE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME			2.2 NAME	
REET ADDRESS			2.3 STREET ADDRESS	
Y-ST-ZIP			2.4 CITY-ST-ZIP	
LE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME			3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
Y-ST-ZIP			3.4 CITY-ST-ZIP	
LE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
LE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
EET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
EET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

. 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.

IGNATURE: X _Carolyn Riffle President_ 6-30-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #