

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022259 (2)

1. Corporation Name
RIO VISTA, INC.

Principal Place of Business 2223 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL	Mailing Address 2223 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0571359		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUMIN, EDWARD R 2500 NORTH FEDERAL HIGHWAY SUITE 201 FT. LAUDERDALE FL 33305		10. Name and Address of New Registered Agent 81 Name PETER TICKTIN, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD 83 SUITE 110 84 City BOCA RATON FL 85 Zip Code 33431	
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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  PETER TICKTIN, Attorney Apr. 14, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	V.P.
NAME	ARCHER, JEFF	1.2 NAME	Archer, JEFF
STREET ADDRESS	638 S.W. 5TH AVE	1.3 STREET ADDRESS	2625 Annathan Ln
CITY-ST-ZIP	FT LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	FT. LAUDERDALE 33312
TITLE	P	2.1 TITLE	P
NAME	BARTLETT, JAMES M	2.2 NAME	Bartlett, James M
STREET ADDRESS	4730 N.W. 10 CT APT 11C	2.3 STREET ADDRESS	620 Ridgely Lake
CITY-ST-ZIP	PLANTATION FL 33313	2.4 CITY-ST-ZIP	PLANTATION 33317
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0287784

CR2E034 (10/97)