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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

RIVERPOINT, INC.

P95000024465 (3)

Principal Place of Business

4275 AVENUE 'D' FORT PIERCE FL 34947 Mailing Address

4275 AVENUE 'D'

FILED Mar 16 1998 8:00am Secretary of State



FORT PIERCE FL 34947 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0626844 4875 STREET STREET 4875 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FRO BEACH EACH Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 2966 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLAIR, DAVID Name BLAIR NAVID B 4275 AVENUE "D" 82 Street Address (P FORT PIERCE FL 34947 160 83 Zip Code **32966** 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 POST Addition ☐ DELETE 1.1 TITLE Change TITLE BLAIR, DAVID B 1.2 NAME NAME 4875 16TH ST 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE MOCK, GORDÓN 22 NAME 4275 AVE D STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL 2. 4 CITY-ST-ZIP CITY-ST-7/P Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE ☐ Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 apport 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 corneration 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 chang

2/1/00 /2/1779.302/