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

29

9. Name and Address of Current Registered Agent

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039957 1. Corporation Name

RIVERWEST VENTURES, INC.

Principal Place of Bus	iness	Mailing Address					
1901 S. HARBOR CITY SUITE 501		4811 THORNWOOD DRIVE ACWORTH GA 30102					
MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE			
1				3.	Date Incorporated or Qualifed	l	
					05/19/1995		
2. Principal Place of E	Business	2a. Mailing Addres	S	4.	FEI Number		Applied For
21		26			56-1440384		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	tc.		Certifcate of Status Desired		\$8.75 Additional
22		27		5.	, Certificate of Status Desired		Fee Required
City & State		City & State	<u></u>	6.	Election Campaign Financing	П	\$5.00 May Be
23		28			Trust Fund Contribution	Ц	Added to Fees
Zip	Country	Zip	Country	8.	This corporation owes the cur	rent year li	ntangible

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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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		1	Э,	Certificate of Status Desired		Fee F	Required
			6.	Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Эu	ntry		8.	This corporation owes the curre Personal Property Tax.	ent year Ir	ntangible Yes	□No
			10.	Name and Address of New R	egistered	l Agent	
	81	Name					
82 Street Address (P.O. Box Number is Not Acceptable)							
	83						
	0.4	Oite				DE 7in	Codo

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90125 001 ***150.00

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	ole. (NOTE: R	egistered Agent signature require		
12.	OFFICERS AND DIRECTOR	S	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D	DELETE	1.1 TITLE	Change	☐ Addition
AME	MULLINS, J. DOUGLASS		1.2 NAME		
STREET ADDRESS	JOSE O LIADROD OFFICEIND MEGA		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		14 CMY-ST-ZIP		
IIILE		☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZiP		
TILE		DELETE	31 TITLE	☐ Change	☐ Additio
IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	☐ Additio
AME .			4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
UTY-ST-ZIP			44 CITY-ST-ZIP		
TILE		DELETE	5.1 TITLE	☐ Change	☐ Additio
IAME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6.1 TITLE	Change	Additio Additio
AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
				O II AAD OZIONIN EL SIAS CARALS L'ENSTRES ANNIE STROT PLO IN	

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 informationated 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 or any attachment with an appears with all other like empowered.

SIGNATURE: