PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOLAG727

	RIVER GENERAL STORE A					
Principal Plac	e of Business	Mailing Address				
308 N. MAIN S HAVANA FL 32		308 n. main St. Havana Fl. 32333		DO NOT WRITE II	N THIS SPACE	
				3. Date Incorporated or Qualifed		
1				06/26/1995		
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Apr	died For
21		26		59-3321625		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22		27		5. Certicate bi Status Desired	Fee Rec	quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	This corporation owes the current y		
24	25 .	29 3	c	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	- India	10. Name and Address of New Regis	stered Agent	
100	E IMECO		81 Name	RITA LOVE		
	E, JAMES P		82 Street	Address (P.O. Box Number is Not Acceptable)		
	TTE 3, BOX 5272		50	OF N. MUTIN ST.		
HAV	'ANA FL 32333		83	AVANA		1
			84 City .	710711071	85 Zo C	ode > 3
}		-			トレー・バフ	332
11. Pursuant office or r	to the provisions of Sections 607.06 registered agent, or both, in the State am familiar with, and account the obliga-	2 and 607.1508, Florida Statutes of Florida. Such change was aut	the above-named on the corporate of the	corporation submits this statement for the purp eration's board of directors, I hereby accept the	oose of changing its i appointment as reg	registered pistered
agent. I a	om familiar with, and account the office	tions of Section 607.0505, Florid	la Statutes.			
agent I a SIGNATURE	$\mathcal{M}(\mathcal{A})$					
SIGNATURE	Signature, typed or printed name of registered ago	int and title if applicable. (NOTE: R	agistered Agent signature re	quired when reinstating) C	ATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN				ATE	
SIGNATURE 12. TITLE	Signature, typed or protect name of registered age / OFFICERS AN	int and title if applicable. (NOTE: R	13.	quired when reinstating) C	ATE RS AND DIRECTOR	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age / OFFICERS AN P LOVE, RITA	int and title if applicable. (NOTE: R	13, 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECTOR	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age / OFFICERS AN P LOVE, RITA RT. 3, BOX 5272	int and title if applicable. (NOTE: R	13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating) C	ATE RS AND DIRECTOR	
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CITY-ST-ZP 14. 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 poceiver 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 op ap stachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90090 020 ***150.00