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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000055014

RISE INDUSTRIES, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90065 003 \*\*\*150.00



Principal Place of Business  Mailing Address  518 W. OCEAN AVE. BOYNTON BEACH FL 33435  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 07/13/1995  2. Principal Place of Business 2a. Mailing Address 2f. Suite, Apt. #, etc. 27  City & State  Zip  Country  Applied For 5. Certificate of Status Desired Fee Required Trust Fund Contribution  8. This corporation owes the current year Intangible  The Principal Place of Business  Suite, Apt. #, etc. 27  Country  Applied For 5. Certificate of Status Desired Fee Required Fee Required  Suite, Apt. #, etc. 28  Trust Fund Contribution  Suite, Apt. #, etc. 29  Country  Suite, Apt. #, etc. 29  Country  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 21  Suite, Apt. #, etc. 22  Suite, Apt. #, etc. 25  Suite, Apt. #, etc. 26  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  Trust Fund Contribution  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 21  Suite, Apt. #, etc. 22  Suite, Apt. #, etc. 25  Suite, Apt. #, etc. 26  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 21  Suite, Apt. #, etc. 22  Suite, Apt. #, etc. 25  Suite, Apt. #, etc. 26  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 21  Suite, Apt. #, etc. 25  Suite, Apt. #, etc. 26  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 21  Suite, Apt. #, etc. 25  Suite, Apt. #, etc. 26  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 21  Suite, Apt. #, etc. 25  Suite, Apt. #, etc. 26  Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 28  Suite, Apt. #, etc. 29  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 20  Suite, Apt. #, etc. 20  Suite, Apt. #, etc.								
BOYNION BEACH FL 33455  BOYNION BEACH FL 33455  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  O7/13/1995  2. Principal Place of Business 2. A Making Address 4. FEI Number 5. 5060056 8. Not Applicable  Suth A, Apt. F. etc. 2. Suth A, Apt. F. etc. 3. Suth	Principal Place	e of Business	Mailing Address				BIO: \$1101 BITT GOVE	
2.   Principal Place of Business   2.   Mailing Address   4.   FEN Number   Applied For   55-068056   Number   Applied For   Suite, Apr. if., etc.	010 111 002111 1112					DO NOT WRITE IN THIS SPACE		
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address			· · ·		4. FEI Number	- A	pplied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27    Suite, Apt. #, etc.   27    Suite, Apt. #, etc.   27    Suite, Apt. #, etc.   28    City & State   Suite, Apt. #, etc.   28    City & State   Suite, Apt. #, etc.   29    Zip   Countly   Zip   Z	21		26	26		65-0608056		
City & State    City & State   Country   Zip   Country   R. This corporation   S.5.00 May Be Added to Fees   A	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1	
Zip		9	<del>}</del>	City & State				
9, Name and Address of Current Registered Agent  DESIMONE, MICHAEL 12677 N.W. 17 PLACE CORAL SPRINGS FL 33071  44 City  FL 85 Zip Code  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 agent. I am familiar with, and accept the orbigations of Sections 607,0502 and 607,1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the orbigations of Sections 607,0506, Florida Statutes.  SIGNATURE Signature, special or princed same of registered agent am familiar with, and accept the orbigation of Section 507,0506, Florida Statutes.  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. INSTANCES INSTANCES INSTANCES INSTANCES IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. INSTANCES INSTANCES INSTANCES IN 12.  12. INSTANCES		p Country Zip		Country				
DESIMONE, MICHAEL 12677 NW. 17 PLACE CORAL SPRINGS FL 33071  11. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finding with, and accept the obligations of Sections 607.0562 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finding with, and accept the obligations of Section 607.0560, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. In the state of registered agent are test Explainable.  18. Name  19. Name and Address of New Registered Agent  11. Pursuant to the provisions of Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am finding with, and accept the obligations of Section 607.0508, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. In the state of the appointment as registered agent are test application.  15. DELETE  15. NAME  16. The purpose of changing its registered agent are test application.  16. DATE:  17. NAME  18. DATE:  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. DELETE  19. DELETE  19. DELETE  21. TITLE  22. STREET ADDRESS  23. STREET ADDRESS  24. CITY-ST-2P  10. Change Addition  10. NAME  10. NAME  10. NAME  10. NAME  10. NAME  10. DELETE  11. TITLE  12. TITLE  12. TITLE  13. STREET ADDRESS  14. CITY-ST-2P  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  15. CHANGES  15. STREET ADDRESS  16. CITY-ST-2P  16. Change Addition  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Addition  19. NAME  19. STREET ADDRESS  19. STREET ADDRESS  29. ST	24	25 29 30				Personal Property Tax.   ☐ Yes ☐ No		
DESIMONE, MICHAEL 12677 N.W. 17 PLACE CORAL SPRINGS FL 33071  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statuties.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Change   Addition    15. DESIMONE, MICHAEL  12. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Change   Addition    15. Change   Addition    16. Change   Addition    17. Change   Addition    18. Change   Addition    18. Change   Addition    19. DESIMONE, MICHAEL  12. TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  13. TITLE  14. Change   Addition    14. Change   Addition    15. TITLE  16. TITLE  17. TITLE  18. TITLE					,	10. Name and Address of New Register	ed Agent	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. City				81	Name	•		
11. Pursuant to the provisions of Sections 607.0562 and 607.1568. Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Speed or private name of registering agent and title of applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE VP DELETE 11.7THE 12.7THE 1				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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 heraby accept the appointment as registered agent and many of neglected the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, types or premied name of neglected agent and the if inpolicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE VP  DESIMONE, MICHAEL  12. ITITLE	COR	AL SPRINGS FL 33071		83				
office or registered agent, or both, in the State of Flonds, Such change was authorized by the corporation's board of directors. Interely accept men apparent agent and marked in apparent agent agent and marked in apparent agent agent agent agent agent and the finishing agent and like if applicable.    12							-L     `	
SIGNATURE   Signature, typed or printed name of registered agent and tien if applications.   (NOTE: Registered Agent signature required when reinstating)	l office or n	enistered agent, or both, in the State	of Florida. Such change was auti	norized by	/ the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered
TILL  TITLE  TITLE  TITLE  TITLE  TITLE  DESIMONE, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL 33071  TITLE  DESIMONE, MARYANNE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DESIMONE, MARYANNE  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  DELETE  ST  ST  ST  DELETE  ST  ST  DELETE  ST  ST  ST  ST  ST  ST  ST  ST  ST						red when reinstating) DATE	19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· · · · · · · · · · · · · · · · · · ·
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COPAL SPRINGS FL 33071	NAME	DESIMONE, MARYANNE		2 2 NAME				
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0.1000/07.700			11	63 STREE	T ADDRESS			
	\			6.4 CITY-1	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 receive or sustee 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, with all other like empowered.

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR