## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B.Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

CITY-ST-ZIP

P95000089888 (8) DOCUMENT #

1.	Corporation Name	-	_	_	_	_	_	_	_	_	_
	RIVARD ALITOMOTIVE	:	ΜΔΙ	R	FΤ	'IN	G.	II	JC:	_	

Principal Place of Business Mailing Address 2431 ALOMA AVENUE 2431 ALOMA AVENUE SUITE 117 SUITE 117 WINTER PARK FL 32782 WINTER PARK FL 32792 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-33508 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State  $\Box$ Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zio Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name E, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 82 725 NORTH MAGNOLIA AVENUE **A3** ORLANDO FL 32803 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition 1. 1 TITLE KRESIDENT TITLE 1.2 NAME KONAID M. NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS. 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELE1E TITLE 3 1 TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP **90000180079** -04/30/96--01026--019 Addition □ DELETE 4 1 TITLE THILE 42 NAME NAME \*\*\*200.00 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-ST-ZIP Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-S!-ZIP ☐ DELETE ☐ Change Addition 6. 1 TITLE THILE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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