FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 25 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED RETURN

DOCUMENT # ~~P-96-0647180~~ P96000004324

1. Corporation Name

Riverside Connection, Inc.

Principal Place of Business	Mailing Address
1314 Cape Coral Pkwy #204 Cape Coral, FLorida	P.O. Box 68 Cape Coral, Fl. 33910

2. Principal Place of Business	2a. Mailing Address
21 5727 Riverside Dr. (Suite, Apt. #, etc)	26 709 Cape Coral Pkwy. W. (Suite, Apt. #, etc)
22	27
23 Cape Coral, Fl (City & State)	28 Cape Coral, Fl. (City & State)
24 33904 (Zip) 25 Lee (Country)	29 33914 (Zip) 30 Lee (Country)

3. Date Incorporated or Qualified	3a. Date of Last Report
1/11/96	6/16/97

4. FEI Number: 65-0647180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Anne Pichler
5265 Nautilus Drive
Cape Coral, FLorida 33904

10. Name and Address of New Registered Agent

81 Name: Ernest A. Seemann, Esq
82 Street Address (P.O. Box Number is Not Acceptable): 4729 Del Prado Boulevard
83
84 City: Cape Coral FL 85 Zip Code: 33904

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] 9/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D,P,S. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Heiko Tietke	12 NAME	
STREET ADDRESS	5727 Riverside Drive	13 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, Florida 33904	14 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	~~Anne Pichler~~	22 NAME	
STREET ADDRESS	~~5265 Nautilus Drive~~	23 STREET ADDRESS	300002360188--2
CITY-ST-ZIP	~~Cape Coral, Fl. 33904~~	24 CITY-ST-ZIP	-12/02/97--01014--002
TITLE	☐ DELETE	31 TITLE	*****65.25 ☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

12-97

CR2E034 (9/96)

14. I do 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 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.

SIGNATURE: [signature] Heiko Tietke, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #