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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052687 (6)

RIVBEA SOUND COMPANY

Principal Place of Business 2102 E AMELIA ST ORLANDO FL 32803 US		Mailing Address 2101 E AMELIA ST		1 cantidat tid ratif diett abitt datif datif anift anift bille fille bille fille fille falle	
		ORLANDO FL 33803 US		DO NOT WRITE IN THIS SPACE	
03		00		3. Date Incorporated or Qualified	\neg
1				06/14/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	_
21		26		59-3386807 Not Applicable	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & Stat	Θ	City & State		6. Election Campaign Financing \$5.00 May Be	7
23		28		Trust Fund Contribution Added to Fees	
Ζφ —	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	ŀ
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	mt Megistereu Agent	81 Nar	10. Name and Address of New Registered Agent Vame	\dashv
	RNEY, MATHEW C				
2101 E AMELIA ST Orladnoo Fl 32803			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)	
Un	LAUNDO FL 32003		83		
			84 City	City FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida_Such change was	tes, the above name authorized by the o	amed corporation submits this statement for the purpose of changing its registered to corporation's board of directors. I hereby accept the appointment as registered	d
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statutes.		- }
SIGNATURE	Signature typed or printed name of registered as	neot and take if appropriation (NC)	II : Registered Apent sign	ignature required when reinstating) DATE	- _
12.		VE) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	5
TITLE	0	DELETE	1.1 TITLE	Change Addition	ın Ş
NAME	Gorney, Matthew C		1.2 NAME		2
STREET ADDRESS	2101 E AMELIA ST		1.3 STREET ADDRE	DRESS	E
CITY-ST-ZIP	ORLANDO FL		1.4 CHY- ST- ZIP	IP	និ
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Additio	ın C
NAME	RIVERS, SAM		2.2 NAME		-
STREET ADDRESS	803 PARK LAKE PLACE		2.3 STREET ADDRE	DRESS	
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CITY+S1-ZIP		_
TITLE	0	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	'n
NAME	RIVERS, BEATRICE		3.2 NAME		
STREET ADDRESS	803 PARK LAKE PLACE		3.3 STREET ADDRE	DRESS	
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Addition	ın
NAME			4. 2 NAME		
STREET ADDRESS	li		4 3 STREET ADDRES	PRESS	
CITY-ST-ZIP		· ···	4.4 CITY-ST-ZIP		\Box
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	iu
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRE	DRESS !	

-05/27/98--01039--012 ***150.00 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 receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged or on an attachment with an address

5.4 CITY - S1 - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DEL**E**TE

900002536399

__ Change

FILED

May 26 1998 8:00am

Secretary of State