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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Apr 15 1998 8:00am Secretary of State

**FILED** 

Suite. April #, etc.    Suite. April #, etc.   Suite. April #, etc.   Suite. April #, etc.   S. Certificate of Status Desired   S. R. 76 Additional Fee Required   S. Suite   S. Certificate of Status Desired   S. Suite   S. Certificate of Status Desired   S. Suite   S. Suite   S. Certificate of Status Desired   S. Suite   S. Suit	Principal Place	ON NAME  RIE, INC.  CO OF BUSINES  VIEW COURT			ess VIEW COURT	·				
8. Date Incorporation of Cualified On 1/1/1996 2. Principal Place of Business 3. E. Mailling Address 3. E. Maillin			PA FL 33625			DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business   2. Mahma Address   4. FEI Number   5.9-389955   Not Applicable	00			00				3. Date Incorporated or Qualified		
Suite Apt #, etc.    27								07/11/1996		
Suite. April #, etc.    Suite. April #, etc.   Suite. April #, etc.   Suite. April #, etc.   S. Certificate of Status Desired   S. R. 76 Additional Fee Required   S. Suite   S. Certificate of Status Desired   S. Suite   S. Certificate of Status Desired   S. Suite   S. Suite   S. Certificate of Status Desired   S. Suite   S. Suit		Place of Busi	ness	ļ	ddress			· · · · · · · · · · · · · · · · · · ·	—	
City & State  Ci	21 Suito Ant									
City & State  2	22	· · · · · · · · · · · · · · · · · ·						5. Certificate of Status Desired	T	
28		te			ate			Election Campaign Financing	\$5.0	O May Re
Zip   Country   Zip   30   Second Procession   Country   Second Procession   Country   Country   Country   Country   Second Property Tax due June   30     Second Procession   Country   Tax due June   Second Procession   Country   Second Procession   Country   Tax due June   Second Procession   Country   Second P	23			28						
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  86  87  88  Stroot Addross (P.O. Box Number is Not Acceptable)  89  Stroot Addross (P.O. Box Number is Not Acceptable)  80  Stroot Addross (P.O. Box Number is Not Acceptable)  81  82  Stroot Addross (P.O. Box Number is Not Acceptable)  83  84  City  FL 85  Zip Codo  85  Signatures, the above-named corporation submits this statement for the purpose of changing its registered agent on both, in the State of Florida Schatches, the above-named corporation submits this statement for the purpose of changing its registered agent on both and accept the obligations of, Section 60, 506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in the first of Florida Schatches, the above-named corporation submits this statement for the purpose of changing its registered agent in the first of the purpose of changing its registered agent in the first of the purpose of changing its registered agent in the first of the purpose of changing its registered agent in the first of the purpose of changing its registered agent in the first of the purpose of changing its registered agent in the first agent in the purpose of changing its registered agent in the first agent in the purpose of changing its registered agent in the first agent in t	Zip		Country	Zip		Country	,	8. This corporation owes or has paid the c		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the pupper of changing its 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 and familiar with, and accept the dolligations of, Section 607 8505, Florida Statutes.  SIGNATURE Signature, inped of printer owner of impaisment approach to the collegations of, Section 607 8505, Florida Statutes.  SIGNATURE Signature, inped of printer owner of impaisment approach to the composition's board of directors. I hereby accept the appointment as registered signature required value in remarking.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ANAIR 12. ANAIR 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY ST. 2P 15. TAMPA FL 15. TAMPA	24					30	7 0.00.10.77 0.00.3 14.7 45.0 55.1 25.1			
AMERIANTER CHAPTERED  343 AMERIA ANTENUE  CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City	<del></del>			rrent Registered Age	nı		Name	10. Name and Address of New Registered	Agent	
CORAL GABLES FL 33134  83  84 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 lis registered agent and accept the obligations of, Section 607.0505, Plorida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ANNE  13. SIRECT ADDRESS  CITY ST. 2P  TITLE  13. TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  AMME  22. NAME  23. SIRECT ADDRESS  CITY ST. 2P  TITLE  14. CITY ST. 2P  TITLE  15. TITLE  16. Change Addition  Addition  MAVE  3. SIRECT ADDRESS  CITY ST. 2P  TITLE  15. TITLE						[0,	Ivanie			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutios, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent and the registered agent and the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered of the corporation's board of directors. I hereby accept the purpose of changing its registered of the corporation's board of directors. I hereby accept the purpose of changing its registered of the corporation's board of directors. I hereby accept the purpose of changing its registered of the corporation's board of directors. I hereby accept the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the purpose of changing its registered by the corporation's board of directors. I hereby accept the pur						82	Street Add	Address (P.O. Box Number is Not Acceptable)		
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SIGNATURE						84	City	F	L.  85   Zip	p Code
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TAMPA FL	NAME					1,2 NAME				
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DELETE	STREET ADDRESS					3.3 STREET	ADDRESS			
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME					6.2 NAME				
	STREET ADDRESS					6.3 STREET	ADDRESS			
14. Thereby could that the information supplied with this bling does not qualify for the examption stated in Section 1.19.07(3)(i). Florida Statutes, I further cartify that the information	City-St-ZIP	<u> </u>								

Interest certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attaching with an addition.