

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90038 033 ***150.00

DOCUMENT # P96000074177

1. Corporation Name

RIVIERA INSURANCE ENTERPRISES, INC.

Principal Place of Business

3735 SOUTH MILITARY TRAIL
LAKE WORTH FL 33462

Mailing Address

3735 SOUTH MILITARY TRAIL
LAKE WORTH FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1996

4. FEI Number

65-0668581

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 owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOTWELL, KELLY
3735 SOUTH MILITARY TRAIL
LAKE WORTH FL 33462

81 Name

Shotwell-Ochs, Kelly

82 Street Address (P.O. Box Number is Not Acceptable)

← Same

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 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SHOTWELL, KELLY
STREET ADDRESS 3735 SOUTH MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH FL 33462

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME → Shotwell-Ochs, Kelly

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)

433-1129

CR2F034 (4/1/98)

APPLICATION NO. 98-000636		FLORIDA MARRIAGE RECORD		366307-90038-33	
GROOM DATA	1 GROOM'S NAME (First, Middle, Last)	CHRISTOPHER SCOTT OCHS		2 DATE OF BIRTH (Month, Day, Year)	01-23-66
	3a RESIDENCE - CITY, TOWN, OR LOCATION	3b COUNTY	3c STATE	4 BIRTHPLACE (State or Foreign Country)	
BRIDE DATA	5a BRIDE'S NAME (First, Middle, Last)	KELLY JEANNE SHOTWELL		5b MAIDEN SURNAME (If different)	PERRY
	7a RESIDENCE - CITY, TOWN, OR LOCATION	7b COUNTY	7c STATE	8 BIRTHPLACE (State or Foreign Country)	
AFFIDAVIT OF BRIDE AND GROOM	WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY				
	9 GROOM'S SIGNATURE (Sign full name)	11 TITLE OF ISSUING OFFICIAL		13 BRIDE'S SIGNATURE (Sign full name)	15 TITLE OF ISSUING OFFICIAL
	10 SUBSCRIBED AND SWORN TO BEFORE ME ON, 09/03/98	12 SIGNATURE OF ISSUING OFFICIAL		14 SUBSCRIBED AND SWORN TO BEFORE ME ON, 09/03/98	16 SIGNATURE OF ISSUING OFFICIAL
	17 DATE LICENSE ISSUED		18 EXPIRATION DATE		
LICENSE TO MARRY	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS				
	THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID				
	19a SIGNATURE OF PERSON ISSUING LICENSE	19b BY D.C.	22a SIGNATURE OF PERSON PERFORMING CEREMONY		
	19c TITLE	20 COUNTY	22b NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT)		
RECORDED	25 DATE RETURNED	26 RECORDED IN	27 CLERK OF COURT		
	09-09-98	BOOK 39 PAGE 865	MARSHA STILLER-BY JAS. DC		
INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST					
GROOM	28 RACE	29 NUMBER OF THIS MARRIAGE	30 LAST MARRIAGE ENDED BY	31 DATE LAST MARRIAGE ENDED	
	WHITE	2	DIVORCE	09/02/94	
BRIDE	32 RACE	33 NUMBER OF THIS MARRIAGE	34 LAST MARRIAGE ENDED BY	35 DATE LAST MARRIAGE ENDED	
	WHITE	2	DIVORCE	10/22/96	

DH 743B, 10/96
(Obsoletes previous editions)

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. B403217B403217

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA STILLER, CLERK

BY *[Signature]* D.C.
DATE 9-9-98

