**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092893

RIVER CAPITAL, INC.

								d 188 <b>4 d</b> 1881 4 <b>8 d</b> 1
Principal Place of Business Mailing Address								
9001 N ORLANDO AVE POST OFFICE DRAWER 7540								
MAITLAND FL 32751 US		SUITE 200 MAITLAND FL 32794-7540		DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed 11/08/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	pplied For
21	26	Same and the same of the same			59-3422069	No	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27	27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
23		28						
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year In		_
24	25	29 30				Personal Property Tax.	Yes	No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
					Name			ļ
TATICH, PHILIP				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
341 NORTH MAITLAND AVENUE								
SUITE 340			ſ	83				İ
MAITLAND FL 32751			-	84	City		85 Zip	Code
ŀ					•	Fl	_   '	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					-named co	rporation submits this statement for the purpose o	f changing its	s registered
11. Pursuant to the provisions of sections but used and our love, ribrids statutes, the above-named corporation such instances and our love, ribrids statutes, the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
	Trialina Will, and accept in con					4.19.94	)	
SIGN TURE	Signature yped o printed name of registered a	igent and title if applicable. (NOTE:	Registered /	gent	t signature requi	ired when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PS	☐ DELETE	1,1 7173	.Ε			Change	☐ Addition
NAME	BANGLE, DOUG 1.2		1.2 NAJ	1.2 NAME				
STREET ADDRESS	FAR DOUGH TRAIL		1.3 STF	1.3 STREET ADDRESS				
CITY-ST-ZIP	MARTINALD EL COZCA			1.4 CITY-ST-ZIP		<u></u>		
TITLE	DELETE		2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAME			·		
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS				l
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE				3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS			3.3 STF	REET	ADDRESS			
CITY-ST-ZIP			3.4. CIT				•	
TITLE	•	DELETE	4.1 TIT		-		☐ Change	Addition
NAME		<del>_</del> _	4.2 NA					1
ì					ADDRESS			
STREET ADDRESS			4.4 CIT					
CITY-ST-ZIP TITLE		DELETE	5.1 TIT		- Ear		☐ Change	Addition
		<u> </u>	5.2 NAI				_	İ
NAME OTDEET ADDOCCO					ADDRESS			ļ
STREET ADDRESS			5.4 CIT					ſ
CITY-ST-ZIP	#12 C	□ DELETE	6.1 TIT				☐ Change	☐ Addition
Q 7.13		\$ttt. _	6.2 NA			•		_
NAME	1		J.4.124		- 1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

4.19.99 407-167-6969

**FILED** 

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90184 035 \*\*\*150.00