

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90155 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000100001

1. Corporation Name

NEW RIVER MANUFACTURING, INC.

Principal Place of Business

Mailing Address

413 S.W. 3RD AVENUE  
FORT LAUDERDALE FL 33315

413 S.W. 3RD AVENUE  
FORT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

65-0719131

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

21 2800 SW 4 Ave.

Suite, Apt. #, etc.

22 #18

City & State

23 Ft. Lauderdale FL

Zip Country

24 33315

25 USA

2a. Mailing Address

26 2800 SW 4 Ave.

Suite, Apt. #, etc.

27 #18

City & State

28 Ft. Lauderdale FL

Zip Country

29 33315

30 USA

9. Name and Address of Current Registered Agent

SAMUELS, RICHARD  
413 S.W. 3RD AVENUE  
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

KATHY SPRAGUE

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

2800 SW 4 Ave. #18

83

84 City

Ft. Lauderdale,

FL

85 Zip Code

33315

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

Kathy Sprague

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME SAMUELS, RICHARD  
STREET ADDRESS 1847 CORAL RIDGE DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE  
NAME SPRAGUE, SKIP  
STREET ADDRESS 413 S.W. 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE D ☐ DELETE  
NAME SPRAGUE, KATHY  
STREET ADDRESS 413 S.W. 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME delete  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2800 SW 4 Ave. #18  
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33315

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2800 SW 4 Ave. #18  
3.4 CITY-ST-ZIP Ft. Lauderdale FL 33315

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

Kathy Sprague

4/15/99

523-0614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)