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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000011644 (6)

**RILEY MORTGAGE CORPORATION** 

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I 1901/1061 FIV 19141 (691) BOIN DONN BOHN DON	NEBY INDIA BILLY DIDIL DIDI JODI
5728 MAJOR BLVD., SUITE 200 5728 MAJOR BLVD., SUITE							
ORLANDO FL 32819			ORLANDO FL 32819			DO NOT WRITE IN TH	10 0D4 OF
						3. Date Incorporated or Qualified	IS SPACE
						02/03/1997	
2. Principal Place of Business 2a. Mailing Ar			ddress			4. FEI Number	Applied For
21		26				59 34 22677	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	<del> </del> -			8. This corporation owes or has paid the	
24	25	29	30			Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Curren	t Registered Agent		- T	<b>A</b> 1	10. Name and Address of New Registers	d Agent
RILEY, MICHAEL				81 Name 54		same registered aga	int
5728 MAJOR BLVD., SUITE 200				82	Street Add	fress (P.O. Box Number is Not Acceptable)	
OF	RLANDO FL 32819		}	B3	<del></del>		
			İ	63			
				B4	City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050:	2 and 607.1508. Florida	Statutes, the et	nove-	named cor	noration submits this statement for the nurnoss	of changing its registered
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 account the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of rejustment eigent and this diagnocable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELI	ETE 1.1 TH	TLE			☐ Change ☐ Addition
NAME	RILEY, MICHAEL		1.2 NAME				;
STREET ADDRESS			1.3 STREE		DDRESS		1
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY		- ZIP		
TITLE	D	[_] DEU	☐ DELETE 2.1 TI		- }		Change Addition
NAME	DEWITT, NANCY			2.2 NAME			
STREET ADDRESS	5119 CANNON BLUFF DR.				DDRESS		
CITY-ST-ZIP	WOODBRIDGE VA 22192	, Distri	2 4 C		- ZIP		Change Addition
TITLE							The Parish
NAME CTREET ADORESC			3 2 NA		pporee		
STREET ADDRESS			3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		- 1		
CITY-ST-ZIP TITLE				4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS					DDRESS		
CITY-ST-ZIP				1Y-SI-			
TITLE	DELETE 5.1 T					Change Addition	
NAME			5.2 NA		- 1		
STREET ADDRESS			5.3 STI	REET A	DDRESS		}
CITY-ST-ZIP				TY-ST-	i		
TITLE		DELE					Change Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STI	REET A	DDAESS		
CITY-ST-ZIP			6.4 CIT	TY-\$1-	ZIP		
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Thereby 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.