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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000017118 (5)

RIVERVIEW INVESTMENT ASSOCIATES, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						4 100(1001)(0 10(1) (47)(1 40)(1 0	BILL BAIR! BREB!	11411 19841 11861 1	1001 1011 1001	
\$250-301 EAST HARBOR VILLAGE DRIVE 5250-301 EAST HARBOR VILLAGE DRI					VE					
VERO BEACH	1 FL 32967	VERO BEACH FL 3	VERO BEACH FL 32967			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Quali				
						02/24/1997]	
2. Principal P	lace of Business	2a. Mailing Address			4 FEI Number Applied For					
21		26			65-07380	<u> 33</u>	N	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	J 🗆	•	Additional		
22		27			g. Sommode of States Books		Fee R	equired		
City & State	e	City & State	<u></u>			Election Campaign Financia	_		May Be	
23	28					Trust Fund Contribution	Щ.		to Fees	
Zip	Country	Zip	—	ıntry		8. This corporation owes or ha	•		1	
24	25 29 30 30 30 Address of Current Registered Agent					Personal Property Tax due June 30. Yes TBDio				
771		The tropistore of Agont		81	Name	IV. Hamo and Addioss of the	· riogistoro	u Agont		
	LLOCH, PETER H	- DDME		82						
5250-301 EAST HARBOR VILLAGE DRIVE					Street A	ddress (P.O. Box Number is Not Acce	eptable)			
VERO BEACH FL 32967				83						
								. 		
				84	City		F	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida S	tatutes, the a	bove	-named c	orporation submits this statement for	the purpose	of changing i	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 accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE			ALCON Desire				DATE.			
12.	Signature, typed or printed hank of registered ap OFFICE BS: AN	ND DIRECTORS	13.	a Age	nt signature ro	iguired when reinstating) ADDITIONS/CHANGES TO C		ND DIRECTOR	RS IN 12	
TITLE	D	DELETE		TLE		NDDITIONO, OTTO CO.	111001074	Change	Addition	
NAME	TULLOCH, PETER H	_	1.2 N							
'	STREET ADDRESS 5250-301 EAST HARBOR VILLAGE DRIVE			1.3 STREET ADDRESS						
CITY-ST-ZIP	LEDO DELOUEL ACCOS			TY-\$1						
TITLE	D	DELETE						Change	Addition	
NAME	TULLOCH, VIRGINIA C		22 N/	AME						
STREET ADDRESS	5250-301 EAST HARBOR VII	LLAGE DRIVE	2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL 32967		2 4 0	11Y-S	T-ZIP					
TITLE		☐ DELETE						Change	Addition	
NAME			3.2 N/	AME						
STREET ADDRESS			3.3 ST	REET.	address					
CITY-ST-ZIP			3.4. C	ITY - S	T - ZIP					
TITLE		☐ DELETE	4.1 (1)	TLE				Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY - S1	- ZIP			<u></u> _		
TITLE		DELETE	5.1 Tr	TLE				☐ Change	☐ Addition	
NAME			5.2 NA	3MA						
STREET ADDRESS			5.3 ST	REET.	ADDRESS					
CITY-ST-ZIP			5.4 CI	1Y-S1	- 2IP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TO	TLE				☐ Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY - ST - ZIP										
14. I hereby c	ertify that the information supplied v	with this filing dees not qua	lify for the exe	empi	ion stated	in Section 119.07(3)(i), Florida Statut	as. I further d	certify that the	information	

indicated on this annual report or supplemental annual uport 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 ecceivity 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 allach trent with an address.