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## 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

DOCUMENT #	P97000017118	8

1. Corporation Name

RIVERVIEW INVESTMENT ASSOCIATES, INC.

•											
Pr	incipal Place	of Business	Maili	ng Address					1 10511001 110 10111 15011 60111 00111 00111	Tildi sidii saani isa	.81 11881 1811 1881
5250-301 EAST HARBOR VILLAGE DRIVE 5250-301 EAST HARBOR VILLAGE I VERO BEACH FL 32967 VERO BEACH FL 32967				e drivi	E		DO NOT WRITE IN T	HIS SPACE			
								-	Date Incorporated or Qualifed 02/24/1997		
2.	Principal Pla	ace of Business	2a. N	Mailing Address			• •	4.	FEI Number		Applied For
21			26						65-0738033		Not Applicable
Г	Suite, Apt. 3	t, etc.	8	uite, Apt. #, etc.					Certifcate of Status Desired		Additional
22			27					J.,		Fee F	Required
23	City & State	•	28	City & State				6.	Election Campaign Financing +  Trust Fund Contribution		0 May Be d to Fees
	Zip	Country		(ip	C	Country		8.	This corporation owes the current year	Intangible	
24		25	29		30			"	Personal Property Tax.	Yes	⊠No
		9. Name and Address of Currer	t Registe	red Agent				10.	Name and Address of New Register	ed Agent	
				·		81	Name				Ţ
		OCH, PETER H				82	Street Addr	oee (1	P.O. Box Number is Not Acceptable)		
		-301 EAST HARBOR VILLAGE D	RIVE			02	Sileer Addi	C33 (1	O. Box Hamber is Not Neceptable,		
	VERO	) BEACH FL 32967				83			<del></del>		
							0.1			OE 7ir	o Code
						84	City		· <b>F</b>	<b>- L</b>  85   Zip	) C008
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.											
SI	GNATURE							<del></del>	reinstation) DATE		
<u> </u>		Signature, typed or printed name of registered age		., .	_ i		nt signature require		ADDITIONS/CHANGES TO OFFICERS		CODE IN 12
12		OFFICERS AN	ID DIREC	□ DELETE	_	13. .1 TITLE			ADDITIONS/CHANGES TO OFFICERS	Change	
	I	TULLOCH, PETER H		- DECETE		2 NAME					
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	REET ADDRESS	VERO BEACH FL 32967	YOL DAIN	,_							
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1 NA	MF .				<b>■</b> 4.	. 2 NAME	1				

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 suppliemental angual 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 exemptions 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 exemptions 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental angual 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification in the exemption stated in Section 119.07(3)(i), Florida Statutes. I furthe

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5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

Change

☐ Addition

Addition