

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**  
 09-15-1999 90001 011 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000082663**  
 Corporation Name  
**MARTIN H. RIEGER ASSOCIATES, INC.**



Principal Place of Business  
 71 CAIRNWELL DRIVE  
 BOYNTON BEACH FL 33437

Mailing Address  
 6871 CAIRNWELL DRIVE  
 BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/24/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>13-2702188</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DONOFF, CRAIG</b> <b>6100 GLADES ROAD</b> <b>#204</b> <b>BOCA RATON FL</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETABLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>REIGER, MARTIN H</b>	1.2 NAME	
ST-CITY-STATE-ZIP	<b>6871 CAIRNWELL DRIVE</b>	1.3 STREET ADDRESS	
	<b>BOYNTON BEACH FL 33437</b>	1.4 CITY-ST-ZIP	
DELETABLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
ST-CITY-STATE-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
DELETABLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
ST-CITY-STATE-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
DELETABLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
ST-CITY-STATE-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
DELETABLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
ST-CITY-STATE-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
DELETABLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
ST-CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **X. Martin H. Rieger** (REQUIRED)

Date: **8-5-99**

CR2E034 (5/99)