

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90043 038 ***150.00

DOCUMENT # P97000086856

1. Corporation Name
THE RIANN GROUP, INC.

Principal Place of Business
10913 NW 17TH PLACE
CORAL SPRINGS FL 33071

Mailing Address
10913 NW 17TH PLACE
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1997

4. FEI Number
65-0790102

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 **6560 N.W. 11th STREET**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. BOX 8575**
Suite, Apt. #, etc.

City & State
23 **MARGATE, FL**

City & State
28 **CORAL SPRINGS, FL**

Zip Country
24 **33063** 25 **USA**

Zip Country
29 **33075** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANDELL, RILEY E
10913 NW 17TH PLACE
CORAL SPRINGS FL 33071

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6560 N.W. 11th STREET
83
84 City **MARGATE** FL 85 Zip Code **33063**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GRANDELL, ANN J**
STREET ADDRESS **10913 NW 17TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6560 N.W. 11th ST.**
1.4 CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **D** ☐ DELETE
NAME **GRANDELL, RILEY E**
STREET ADDRESS **10913 NW 17TH PLACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6560 N.W. 11th ST.**
2.4 CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

GRANDELL, ANN J
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

954-345-6673
Daytime Phone #

CR2E034 (11/98)