FILE HOST, FILING FEE AT FEIT BIAT TO FISH WOOD, AND

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # **P97000094879**1. Corporation Name

RIVER BOUND, INC.

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90003 001 \*\*\*150.00

4077747612

THACH O	JOND, INC.	` - <b>-</b>	_					
Principal Place	of Business	Mailing Address						
341 N MATTLAN	•	P O DRAWER 7540						
SUITE 340	• ·	SUITE 340			DO NOT WRITE IN THIS SPACE			
MAITLAND FL 3	2751	MAITLAND FL 32794-7540		3. Date Incorporated or Qualified				
		US			11/01/1997			
		2n Marillan Address			4. FEI Number		Ac	plied For
_	ace of Business	28 Edward N	\c V	<b>840</b> 0	26-3832249		<u> </u>	ot Applicable
21 OSSum 13ay 28 Edward Suite, Apt. # etc. Suite, Apt. #, etc.			ric Feling					Additional
	# etc. U=E-Hwy-46	27 2930 E Flucal way		5. Certifcate of Stat	Certificate of Status Desired     Fee Required			
22 465 (	. <del></del>	City & State		6. Election Campaid	6. Election Campaign Financing \$5.00 May Be			
23 6 - 7		APOPKa-	FU	<del>کست</del> با دیگریخ	Trust Fund Contr		Added	
Zip	Country	Zip	Cou		8. This corporation	owes the current year		· 1
24 3 273		—	30 S €	em: note	Personal Propert		Yes	<u>■</u> ₩6
-	9. Name and Address of Current					ess of New Register		
				81 Name	dward 1	n McKe	W W	
	CH, PHILIP		}		ress (P.O. Box Number i	s Not Acceptable)		
341 N MATTLAND AVENUE 2930 & FLOTAL WAY								
	E 340			83		•		•
MAIT	LAND FL 32751			84 City A	0.04		85 Zip	Code
				1 77	Polka		-L    32	-703
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	pove-named con	poration submits this state	ement for the purpose bereby accept the at	e of changing its	registered egistered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation				OH S DORTO OF UNECCORS.	maiduy accept the a	,	
		Mc terri	<b>3</b>			8	-20-	77
SIGNATURE	Signature, typed or printed name of registered agent	and tide I applicable. [NOTE:		Agent signature require	id when reinstating)	DATE	AND DIDECTO	VOC IN 42
12,	OFFICERS AND	DIRECTORS	13.			NGES TO OFFICERS	Change	Addition
TITLE	PDS	DELETE	1.1 T(1	حسنا	awara M	MCKONAG		[]
NAME	WILLIAMS, RAY		1.2 NA	WE E	930 E PLOT	ر شوم	•	}
STREET ADDRESS	1202 SELMA ROAD			REET ADDRESS   2	POPKA FL	ストフロコ		.
CITY-ST-ZIP	LONGWOOD FL 32750		_		HOLKY LE	<u> </u>	Change	Addition
TITLE	- · · · · · · · · · · · · · · · · · · ·	DELETE	21717	ŗ			C) custility	ا ، سام
NAME			2.2 N	WE				ſ
STREET ADDRESS		,	2.3 \$1	REET ADDRESS				)
CITY-ST-ZIP			_	TY-ST-ZIP	<del></del>		[]Change	Addition
mre-		DELETE	3.1 71				Change	المنتدء والمنت
NAME		*	3.2 NA					
STREET ADDRESS		· ·		REET ADDRESS	,			
CITY-ST-ZIP		☐ DELETE	_	TY-ST-ZIP		<del></del>	[] Change	Addition
TITLE		T neréte	4.1 TO	ı			_ ,	_
NAME			4.2N	- 1				}
STREET ADDRESS	•		•	REET ADDRESS				,
CITY-ST-ZIP		☐ DELETE	4.4 CF	TY-\$T-ZIP			☐ Change	Addition
TITLE		ال موتورو	5.2 N	l l			_ •	-
NAME			4	REET ADDRESS			_	1
STREET ADDRESS				TY-ST-ZIP		_	•	]
CTTY-ST-ZIP		DELETE	6.1 111				Change	Addition
TITLE		€ percie	6.2 NA	}			g.	-
NAME				l l				}
STREET ADDRESS				REET ADDRESS				
CITY- 57-ZIP	penify that the information supplied with	M 1- #11 data and	*>> >>	TY-ST-ZIP	Section 119 07/3Vil Elec	ida Statutes 1 further	certify that the	information
indicated	perify that the information supplied with on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	ennual report is true and accur er or frustee emnowered to ex	rate and recute th	ınat my sıynatur nis report as regi				

EQUATORE MEQIMICES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P970000 94879 614842-90001-41

Florida Dept of State Divisions of Corporations P.O. box 6327 Tallahassee, fl 32314

September 9,1999

Regarding: River Bound INC. Possum Bay 4650 E HWY 46 Geneva, Fl. 32732 407 349 0090

REF. Number: 97000094879

ATTN: Tyrone Scott

Because of a change of ownership this annual report was not filed on time. Please consider this and we ask that the late fees of \$400 be waived. The check for \$150.00 has been received by your dept. and cashed.

Thank you for your attention in this matter.

Sincerely,

Elen M. McKeura

Edward M. McKenna 2930 E. Floral Way Apopka, Fl. 32703 407 774 7612