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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000015481**1. Corporation Name

RIESTER INC

FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90013 043 ***150.00

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2905 69TH STREET EAST 2905 69TH STREET EA											
PALMETTO FL 34221 PALMETTO FL 34221							DO NO	T WDIT	E IN THIS	SPACE	
						}	3. Date Incorporated or C		E IIV TITIES	J-AOL	
							02/16/1998_	Qameu			
2. Principal Pl	ace of Business	2a. Mailing Address				-	4. FEI Number			Ar	oplied For
21		26					65-08139	<u> १९९</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status De	sired		T = -	Additional equired
City & State		City & State	=				6. Election Campaign Fin	ancing		\$5.00	May Be
23		28					Trust Fund Contribution	_			to Fees
Zip	Country	Zip Country							ent year in	tangible	
24 25		29 30				8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Currer			T^{-}			10. Name and Address o	f New R	egistered	Agent	
				81	Name		-				
	ter, david			82	Street	Addrag	e (P.O. Roy Number is Not	Accenta	ble)		
2905 69TH STREET EAST					30000	Audica	ss (P.O. Box Number is Not Acceptable)				
PALN	NETTO FL 34221			83			<u> </u>				
				84	City		<u> </u>		FL	85 Zip	Code
<u> </u>		0 1007 (500 El 11 01 t		\perp			ation submits this statement	for the		- I	ragistared
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was a	authorize	d by i	the corp	oration	s board of directors. I hereb	y accep	t the appo	intment as re	egistered
agent, I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Sta	tutes.						•	
SIGNATURE							- 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		DATE		!
	Signature, typed or printed name of registered age				signature	required w	hen reinstating)	TO OF	DATE FICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE	13.		t signature	required w	hen reinstating) ADDITIONS/CHANGES	TO OF		ND DIRECTO	ORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	TITLE	signature	required w		TO OF			
12. TITLE NAME	D RIESTER, DAVID	ID DIRECTORS	13. 1.1 T 1.2 N	TITLE NAME				TO OF			
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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 association of the corporation of the receiver of trustee empowered.

SIGNATURE: