SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S48146

(2)

THE RIVERCREST GROUP, INC.

FILED Aug 29 1997 8:00am Secretary of State

				-	F AJBOL BLBI: BERYL BIBIL BJBIL BEBY: 1821
Principal Place of Business Mailing Address			-	ı ataşı bişik bibil bibil dibil bibil ibil	
3817 W. HUMPHREY ST. 3817 W. HUMPHREY ST.					
		SUITE 204 Tampa FL 33614		DO NOT WRITE IN THIS SPACE	
IMMER EL SS	1014	IAMPA PL 33014		3. Date Incorporated or Qualified	3a. Date of Last Report
				05/01/1991	· · · · · · · · · · · · · · · · · · ·
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	05/01/1996 Applied For
21 00	BOX 27/028	26 P.O. BUY	27/028	59-3060485	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	2 11		¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 12/	MIA PLURIDA	28 TAMPA	FLORIDA	Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has pa	id the current year Intangible
24 376 8	8-1028 25 USA	28 33688 - 1028 3	0 USA	Personal Property Tax due June	30. 🗹 Yes 🗌 No
				10. Name and Address of New Registered Agent	
	ESSANDRI, PETER DAVID	INHORN RICA	HARD		
5121 ENRLICH RUAD 82 Street Addre				ess (P.O. Box Number is Not Acceptab	(ما
				410 TURNING	POINT DRIVE
I IAM	MPA FL 33624		83		
			84 City		85 Zip Code
44 Surguent	to the provisions of Sections 607.0502			LUTZ	FL * 33549
				oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
agent. re	am familiar with, and accept the obligat	ons of, Section 607.0505, Flori	da Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and tille if group able (MCT)	Registered Agent signature require	RESIDENT.	8/24/97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	FISHLER, JEFFREY		1.2 NAME		_ • •
STREET ADDRESS	2374 INDIAN TRAIL E		1.3 STREFT ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY - ST - ZIP		
TITLE	D	DETETE	2 1 TITLE		Change Addition
NAME	EINHORN, RICHARD		2.2 NAME		
STREET ADDRESS	18410 TURNING POINT DR		2 3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
\$TREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		

6.4 CITY - S1 - ZIP 14. I do 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 offect 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.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 THLE

6.2 NAME

DELETE

DELETE

☐ Addition

Addition

Change

Change