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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S66543 (7) 1. Corporation Name WILLIAM J. RILEY, INC.				A JOSTILA DA SINTE ANNO ANNO ANNO ANNO ANNO	S NIKÎ ANAN KIRIN KIRIN KARIN BIRAN ANAN KIRIN KARI
Principal Place	e of Business	Mailing Address			
680 NE 30 PL		680 NE 30 PL			
BOCA RATO	N FL 33431	BOCA RATON FL 33	131		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		07/17/1991 4. FEI Number	04/14/1995
21		26		65-0273818	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Additional
City & State		27			Fee Required
3	O	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for Florida Statutes	
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New R	
RILEY, WILLIAM J. 680 NE 30 PL			81 Name		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	IATON FL 33431		83		
500/110					
			84 City		FL 85 Zip Code
familiar wit	red agent, or both, in the State of Fir ith, and accept the ortigations of State	ction 607.0505, Florida Statute	s. A	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered officiontment as registered agent. I am
familiar wii SIGNATURE _ 12.	th, and accept the official of the Son Signature typed or the led han e of registerated OFFICERS A	Stign 607.0505, Ylorida Statute  WILLIX  PORT and Bille if applicable.  NDD DIRECTORS	s. A	PRESIDENT	S-1-96
familiär wit SIGNATURE _ 12. TITLE	th, and accept the official of selection.  Signature, typed or printed name of registered of OFFICERS A	ottop 607.0505, Florida Statute WILL/X out and title if applicable. (N	IS. M. J. KILBY OTE PEGETAGE Agent signalize Macine 13. 1.1 TITLE	PRESIDENT  advision relistating:	S-1-96
familiar wit SIGNATURE	th, and accept the offigations of So- Signature, typed or più ted name of registeracture OFFICERS A PD RILEY, WILLIAM J.	Stign 607.0505, Ylorida Statute  WILLIX  PORT and Bille if applicable.  NDD DIRECTORS	M. J. KILBY OTE Registered Agent signature Muche  13. 1.1 TITLE 1.2 NAME	PRESIDENT  advision relistating:	Ontment as registered agent. I am  Onthe  DATE  CERS AND DIRECTORS IN 12
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11. PURSUANT OR REGISTER OR REGISTER FAMILIAR SIGNATURE  12.  11.  11.  11.  11.  11.  11.  11	th, and accept the officerions of registered of PD RILEY, WILLIAM J. 680 NE 30TH PLACE	CHOP-607.0505, Florida Statute	13.  1.1 TITLE  1.2 NAME  1.3 SIPRET ADDRESS  1.4 CITY-SI-ZIP  2.1 TITLE  2.2 NAME  2.3 SIRRET ADDRESS  2.4 CITY-SI-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-SI-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-SI-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-SI-ZIP	PRESIDENT  advision relistating:	Change Addition  Change Addition  Change Addition  Change Addition

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, Further appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

WWW J. KLEY

SIGNATURE AND TYPEO OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description:

Date

Description:

Date

Description:

Date

Description:

Date

Description:

Date

Description:

SIGNATURE:

6-1-96 407756 0694