FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77369

(4)

RIVERCREST ENTERPRISES, INC.

15234	TEASE	BIVL
Principal Place of	Business	

FILED May 13 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
15234 PEACE		15234 PEACE BLVD.					
BROOKSVILLE	FL 34610	BROOKSVILLE FL 34610			DO NOT WRITE IN TH	IS SPACE	
	_				3. Date Incorporated or Qualified	IO DI AOC	
15230	Penco BIND	CAMIR			09/03/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26			59-3092026	Not Applic	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additions	al
22		27			6. Certificate of Status Desired	Fee Required	
City⊷& State		City & Stat			6. Election Campaign Financing	\$5.00 May Be	,
23 Brook	KSU1/12 F1	28			Trust Fund Contribution	Added to Fees	
Zip	Cognitry	Zip	Country	y	8. This corporation owes or has paid the		
24 3461	O 25 MASCO	[29] [30	<u> </u>		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No	
44.1	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registers	on whole	
	DSON, KATHRYN L		["	140/116			
	34 PEACE BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
BRO	OOKSVILLE FL 34610		83	 			
			63				
			84	City	-	85 Zip Code	
44 (0)	to the provision of Castiana CO7 PEO	and 607 1609 Ft 012	the -t		Francisco autorita this statement for the aurope	L	2502
office or r	egistered agont, or both, in the State j	r arid 607-1508, Flo rida S ialules, gl Florida. Such cha nge wa s autl	, the abov horized b	e-named cor y the corpora	poretion submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its register appointment as register	ed ed
	m familiar with, and accept the oblina	ions of, Section 607.0505, Floric	la Statule	5.	11/2-11	20	
SIGNATURE	Attyw YIX	door			7/23/9	8	
12.	Signaluli, typod or pylited name of registered ager OFFICERS AND		13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPS	☐ DELETE	1.1 TITLE		ADDITIONS/OFFAINGES TO OFFICE ROA	☐ Change ☐ Add	
NAME	HUDSON, KATHRYN L		1.2 NAME				•
STREET ADDRESS	15234 PEACE BLVD.		ľ	ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34610		1.4 CITY - 8				
TITLE	ON ON ONE LE VIOLO	DELETE	2.1 TITLE	31-2"		☐ Change ☐ Add	dition
NAME			2.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-				
TITLE		DELETE	3.1 TITLE	U1: 44	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Add	dition
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STREET ADDRESS			3.3 STREET	LADDRESS			
CITY-ST-ZIP			3.4. CITY-				
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NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
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NAME			5.2 NAME	1	•		
STREET ADDRESS			5.3 STREET	t VIUDBEGG			
				1			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5	SI-ZIP		☐ Change ☐ Add	dition
		☐ neceie	6.1 TITLE	-		Ti cuarde Ti vac	ווטווג
NAME ATREET ARRESSO			6.2 NAME				
STREET ADDRESS			6.3 STREET	1			
CITY-ST-ZIP			6.4 CITY - S	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 suppliemental 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 charged, or on an attachment with an address.

10NATION OF THE WALL WILL HE SCAN 4/2 = 100/8/3)856-832