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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 10 1997 8:00am
Secretary of State

DOCUMENT # \$79701 1. Corporation Name RIALTO HARBOR DOCKS, INC.  Principal Place of Business 1901 BALSEY ROAD ALVA FL 33920 ALVA FL 33920-3604											
				-				3. Date Incorporated or Qualified 09/12/1991		ate of Last R	eport
2. Princ pal P	tace of Busin	ness	2a. Ma	2a. Mailing Address				4. FEI Number		Ap	plied For
21	4 ata		26	Suite, Apt. #, etc.				65-0283824		<del></del>	ot Applicable
Suite, Apt.	#, eig.			27)				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	e			City & State				6. Election Campaign Financing	<del>,</del>	\$5.00	· <del>······</del>
23	·		28		<del></del>	<del></del>		Trust Fund Contribution		Added (	lo Fees
Zip	Country		29 29			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			. 199,032,
24	9. Name	and Address of Cu		d Agent	30	<del></del>		10. Name and Address of New Re			
HAM	ILTON, MIL	TON J., III			81	Name			<del></del>	·· <del>/-</del> ···· ··	·
	1901 BALSEY RD.					82 Street Addre		ess (P.O. Box Number is Not Acceptable)			
ALVA FL 33920									·		· <del>···</del>
					83	il					
					64	City		<del></del>	FL	85 Zip (	Code
11. Pursuant	to the provis	ons of Sections 607	0502 and 607.1	1508, Florida Stati	utes, the abov	e-named	corpo	ration submits this statement for the p		changing it	s registered
ollice or r agent 1 a SIGNATURE	egistered aç ını famıllar w	gent, or both, in the S ith, and accept the o	itate of Florida. Ibligations of, Se	Such change was action 607.0505, F	authorized b Florida Statute	y the corp is.	oratio	ration submits this statement for the p n's board of directors. I hereby accep	it the app	ointment as	registered
alginerioni.	Shoraheri, typico	Lot produce name of registere	d agent and file flap	pricable. (NO	OTE: Registered Aç	eni signalure	required		DATE		
12.	<b>.</b>	OFFICERS	AND DIRECTO		13,			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE NAME	D Hamilto	N, MILTON J., III		DELETE	1,1 TUTLE 1,2 NAME					L Change	L.J Addition
STREE! ACORESS	1901 BAL				1	T ADDRESS					
CHY-ST-ZIP	ALVA FL				1.4 CITY -						
III.F			arangan dan salah da	DELETE	21 TITLE	01.21				Change	Addition
NAM:					2.2 NAME	j					
STREET ADDRESS					2.3 STREE	T ADDRESS					
Cith - ST - ZiP				105,575	2. 4 CITY-	\$1-ZIP				T	· • · · · · · · · · · · · · · · · · · ·
1011				☐ DELETE	3.1 TITLE	}				Change	Addition
NAMI Charle Parabelle					3.2 NAME	TANDATOO					
STREET ADDRESS ! - City - St. Zip					3.3 STREE	T ADDRESS					
THILE		/4		DELETE	4.1 TITLE	01"211"				Change	☐ Addition
NAME	}				4. 2 NAME	}				-	
STREET ADDRESS					4.3 STREE	T ADDRESS					
CETV - ST - ZEP		777y-1-1-1-77-1			44 CiTY-	ST-ZiP					
11116				DELETE	5.1 TITLE	Ì				☐ Change	Addition
NAME Control of the Control					5.2 NAME	1					
STEEL CADDRESS						T ADDRESS					
CHY-S1-70° THUE			·	☐ DELETE	5.4 CITY - 61 TITLE	SI - ZIP				☐ Change	Addition
nitr NAMI,				- pecest	6.2 NAME	1				C Autoride	Last rating)
STREEL ADURESS						T ADDRESS					
City-St-ZiP					6.4 CITY-	1					
	by certify tha	al the information sup	plied with this f	iling does not qua			tated i	n Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	the

14. I do hereing 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 and called 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 attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PANTEDINAME OF SIGNING OFFICER OR DIRECTOR

4-3-97

941-728-3036

e Phone F