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



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FILED

COF ANNU	PORATION Sandra I		ARTMENT OF STATE B. Mortham lary of State CORPORATIONS	Apr 21 1997 8:00ar Secretary of State		
ANOLAZ	MENT # V179 TE CORPORATION		(4)			
Principal Plac \$845 MNVESTM BAY #4 RIVIERA BEAC	IENT LANE	BAY #4	addross /Estment Lang Beach FL 334		3. Date Incorporated or Qualifie 03/02/1992	
2. Principal P	lace of Business	2a. Maili	ng Address		4. FEI Number	Applied For
21		26			65-0325902	Not Applicat
Sulte, Apt.	#, etc.	Suite 27	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ө		& State		6. Election Campaign Financing	······································
Zip	Country	28 Zip		Country	Trust Fund Contribution	Added to Fees
21P	25	29		30	8. This corporation has liability Florida Statutes	for intangible tax under s. 199.032, X Yes \textbf{\text{\text{No}}} No
11. Pursuant office or ragent. I a					poration submits this statement for thation's board of directors. I hereby ac	
12.	Signature, typed or printed name of regis OFFICE	tored agent and little if applic RS AND DIRECTORS		DTE Registered Agent signature requi		DATE FICERS AND DIRECTORS IN 12
TITLE	PV		DELETE	1.1 TITLE		Change Addili
NAME	RIECK, A. S. III 3845 INVESTMENT LANI	E RAV #A		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	RIVIERA BCH FL 33404	L DITT		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	ST		DELETE	2.1 TIFLE		☐ Change ☐ Addit
NAME STREET ADDRESS	RIECK, SHARON 3845 INVESTMENT LAN	E. BAY 4		2.2 NAME 2.3 STREET AODRESS	,	
CITY-ST-ZIP	RIVIERA BEACH FL 334			2.4 CHY-ST-ZIP		
TITLE			DELETE	3.1 THLE		Change Addil
NAME CTOSET ANDRESS				3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	!			3.4 CITY-ST-7FP		
TITLE			DELETE	4.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addit
NAME				4.2 NAME		
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CITY-ST-ZIP TITLE			DELETE	5.1 TITLE		Change Addii
NAME				5.2 NAME		
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CITY-ST-ZIP TITLE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Additi
NAME			-	6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
200	3" 1 "4" 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6.4 CHTY-ST-ZIP		

hab 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 habie 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name