## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **RIO-BAK CORPORATION** Principal Place of Business Mailing Address 12773 W. FOREST HILL BLVD. 13860 WELLINGTON TRACE SUITE 210 #12-528 WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0330616 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Žip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RIONDA, ENRIQUE F. 12773 W FOREST HILL BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 210 63 WELLINGTON FL 33414 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME RIONDA, ENRIQUE F. 1.2 NAME 813 NE 2ND STREET STREET ADDRESS 1.3 STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP X DELETE Change Addition 21 TITLE TITLE MERGO, MARK A. 2.2 NAME Johnson, Michael L. NAME STREET ADORESS 12444 OLD COUNTRY RD 2.3 STREET ADDRESS 858 Harth Drive WELLINGTON FL CITY-ST-ZIP 2 4 CITY-ST-ZIP West Palm Beach. FI DELETE Addition TITLE 3.1 TITLE Change BROXTON, ROBERT E NAME 3.2 NAME 1041 CHERRY LANE STREET ADDRESS 3.3 STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME Carter, Rhonda J. STREET ADDRESS 4.3 STREET ADDRESS 1344 Primrose Lane CITY-ST-ZIP 4.4 CITY-ST-ZIP Wellington, FL 33414 DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY - ST-ZIP 5.4 City - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 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: \_\_

**FILED**