

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V45280**

(7)

1. Corporation Name

RILEY REPORTING, INC.



Principal Place of Business

P.O. BOX 1464
BOCA RATON FL 33429

Mailing Address

P.O. BOX 1464
BOCA RATON FL 33429

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RILEY, CYNTHIA
1020 N.W. 6TH STREET
BOCA RATON FL 33486**

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

06/20/1995

4. FLE Number

65-0345220

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 617.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Print Name and Title of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME
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NAME
STREET ADDRESS
CITY- ST- ZIP

**D
RILEY, CYNTHIA
1020 N.W. 6TH STREET
BOCA RATON FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP
25. TITLE
26. NAME
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73. TITLE
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77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY- ST- ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY- ST- ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY- ST- ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY- ST- ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY- ST- ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Cynthia Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 407-368-1249
DATE ENTERED BLOCK #

CR2E034 (12/95)