

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 687831 (8)

1. Corporation Name
RIVIERA RITZ, INC.

pd ck # 3134 (3-13-98)



Principal Place of Business 2441 BEACH COURT C/O DONALD RITZ RIVIERA BEACH FL 33404	Mailing Address 2441 BEACH COURT C/O DONALD RITZ RIVIERA BEACH FL 33404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2028140	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RITZ, DONALD 2441 BEACH COURT RIVIERA BEACH FL 33404				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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP RITZ, DONALD	1.1 TITLE	
NAME	RITZ, DONALD	1.2 NAME	
STREET ADDRESS	14110 LEEWARD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	RITZ, MARILYN A	2.2 NAME	
STREET ADDRESS	14110 LEEWARD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	RITZ, DONALD JR.	3.2 NAME	
STREET ADDRESS	4655 ARTHUR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	RITZ, MICHAEL J	4.2 NAME	
STREET ADDRESS	4653 ARTHUR ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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: *Michael J. Ritz* *Marilyn A. Ritz* *3/13/98* *561450039*

CP2E034 (10/97)