

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

SEP -4 PM 2:37

DOCUMENT # K65176 (5)

1. Corporation Name
RIVRAN HOLDINGS, INC.

SECRETARY OF STATE
ALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
24700 HIGHWAY 60 EAST P. O. BOX 30030 RIVER RANCH FL 33867

3. Date Incorporated or Qualified **02/10/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **58-1831598** 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

2. Principal Place of Business 2a. Mailing Address
21 **24700 Highway 60 East** 26 **4701 Von Karman**
Suite, Apt. #, etc Suite, Apt. #, etc
22 **3rd Floor** 27
City & State City & State
23 **Lake Wales, FL** 28 **Newport Beach, CA**
Zip Country Zip Country
24 **33853** 25 **USA** 29 **92660** 30 **USA**

9. Name and Address of Current Registered Agent
**MYERS, C. B. III
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33853**

10. Name and Address of New Registered Agent
81 Name **Hal Parks**
82 Street Address (P.O. Box Number is Not Acceptable) **24700 Highway 60 East**
83
84 City **Lake Wales** FL 85 Zip Code **33853**

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 to 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 *Hal Parks* Hal Parks
Signature of registered agent and title, if applicable (Print Registered Agent signature required when registering) DAI

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, E. RANDALL, JR	
STREET ADDRESS	2400 CRESTMOOR RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PETTY, RONALD W.	
STREET ADDRESS	2400 CRESTMOOR RD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D S T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Marlies Novelli	
13 STREET ADDRESS	4701 Von Karman	
14 CITY-ST-ZIP	Newport Beach, CA 92660	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Raymond Novelli	
23 STREET ADDRESS	4701 Von Karman	
24 CITY-ST-ZIP	Newport Beach, CA 92660	
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

700001946277
-09/12/96--01111-001
****600.00 ****300.00
700001946277
-09/12/96--01111-001
****600.00 ****225.00

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)(a), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Marlies Novelli* Marlies Novelli, Sec. (714) 474-0404
Signature and Typed or Printed Name of Signing Officer or Director Date (Day-Month-Year)

CR2E034 (3/96)

9/9-12-96