

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

FILED
Apr 15 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 # 444491 (5)

1. Corporation Name
3rd RIVERS, INC.

Principal Place of Business 1830 MYRICK RD. TALLAHASSEE FL 32303-1336	Mailing Address 1830 MYRICK RD. TALLAHASSEE FL 32303-1336
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4345 Jacksonview Dr. Suite, Apt. #, etc. 22 Tallahassee, Florida City & State 23 32303 Zip 24 32303 Country 25 USA		2a. Mailing Address 26 4345 Jacksonview Dr Suite, Apt. #, etc. 27 Tall., Fla., 32303 City & State 28 Tall., Fla., 32303 Zip 29 32303 Country 30 USA		3. Date Incorporated or Qualified 01/21/1974	4. FEI Number 59-1519568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		
				7. \$8.75 Additional Fee Required		
				9. \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

DERZYPOLSKI, STANLEY J.
1830 MYRICK RD.
TALLAHASSEE FL 32303

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 607.0502 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERZYPOLSKI, STANLEY J	
STREET ADDRESS	1830 MYRICK ROAD	
CITY-ST-ZIP	TALL FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	DERZYPOLSKI, STANLEY J	
STREET ADDRESS	1830 MYRICK ROAD	
CITY-ST-ZIP	TALL FL	
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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Derzypolski, Stanley J.	
1.3 STREET ADDRESS	4345 Jacksonview Dr	
1.4 CITY-ST-ZIP	Tall., Fla., 32303	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Derzypolski, Stanley J.	
2.3 STREET ADDRESS	4345 Jacksonview Dr	
2.4 CITY-ST-ZIP	Tall., Fla., 32303	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **STANLEY J. DERZYPOLSKI** 4-10-98 850 526-0233

CR2E034 (10/97)