

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F40577 (1)**

1. Corporation Name
RILAND, INC.



Principal Place of Business: % **FREDERICK P. LANDENBERGER, JR**
101 N.E. 19TH AVENUE #126B
DEERFIELD BEACH FL 33441-1569

Mailing Address: % **FREDERICK P. LANDENBERGER, JR**
101 N.E. 19TH AVENUE #126B
DEERFIELD BEACH FL 33441-1569

3. Date Incorporated or Qualified: **08/17/1981** 3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2118752** 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

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

9. Name and Address of Current Registered Agent

LANDENBERGER, FREDERICK P., JR
101 N.E. 19TH AVENUE #126B
DEERFIELD BEACH FL 33441-1569

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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:

Signature (Typed or printed name of the individual signing the report)

(Print) Registered Agent signature and when applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LANDENBERGER, S MILDRED	
STREET ADDRESS	101 N E 19 AVE #126	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LANDENBERGER, FREDERICK	
STREET ADDRESS	101 NE 19TH AVE #126B	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MINTO, MARVEL A	
STREET ADDRESS	11921 NE 29TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BUSCHMAN, KATHLEEN	
STREET ADDRESS	851 SE 4TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	VP
33. STREET ADDRESS	KAINDL, ALBERT R
34. CITY-ST-ZIP	333 N E 19 AVE # 402
4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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: *Frederick P. Landenberger, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

954-428-2107

CR2E034 (12/95)