

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:00

DOCUMENT # J38819 (5)

1. Corporation Name  
RIVERSIDE FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address  
43309 US HWY 19 N 43309 US HWY 19 N  
P.O. BOX 1608 P.O. BOX 1608  
TARPON SPGS. FL 34688-0608 TARPON SPGS. FL 34688-0608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/21/1986 3a. Date of Last Report 03/01/1994

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

4. FEI Number 59-2728356 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

9. Name and Address of Current Registered Agent  
FRIEDLAND, LEWIS  
43309 US HWY 19 N  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VON DEM BUSSCHE, CARL F.
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPGS FL
TITLE	STD
NAME	FRIEDLAND, LEWIS
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPGS FL
TITLE	D
NAME	GILLS, JAMES P.
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPGS FL
TITLE	VP
NAME	FORD, DAVID
STREET ADDRESS	43309 US HIGHWAY 19 N
CITY - ST - ZIP	TARPON SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY SALING
1.3 STREET ADDRESS	43309 US HWY 19 N
1.4 CITY - ST - ZIP	TARPON SPRINGS FL 34689
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHIRLEY WEEKS
3.3 STREET ADDRESS	3602 W. KENNEDY BLVD
3.4 CITY - ST - ZIP	TAMPA FL
4.1 TITLE	VST <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or quarterly 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 its officer 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 of this report, or on an attachment with an address.

SIGNATURE: *Lewis Friedland* LEWIS FRIEDLAND 1-30-95 813-942-2591  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #