

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 # **J38819** (5)

1. Corporation Name

RIVERSIDE FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

43309 US HWY 19 N
P.O. BOX 1608
TARPON SPGS. FL 34688-8608

43309 US HWY 19 N
P.O. BOX 1608
TARPON SPGS. FL 34688-8608

3. Date Incorporated or Qualified 10/21/1986	3a. Date of Last Report 02/21/1995
4. FEI Number 59-2728356	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 34689	29
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDLAND, LEWIS
43309 US HWY 19 N
TARPON SPRINGS FL 34689

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

Signature type and print name of the Agent or Director (Last name)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALING, GARY	1.2 NAME	
STREET ADDRESS	43309 US HWY 19 N	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, LEWIS	2.2 NAME	
STREET ADDRESS	43309 US HWY 19 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SHIRLEY	3.2 NAME	
STREET ADDRESS	3602 W KENNEDY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, DAVID	4.2 NAME	
STREET ADDRESS	43309 US HIGHWAY 19 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

1-19-96

DATE

813-942-2591

TELEPHONE NUMBER

CR2E034 (12/95)