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Feb 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J38819 (5)

1. Corporation Name  
RIVERSIDE FINANCIAL SERVICES, INC.



Principal Place of Business  
43309 US HWY 19 N  
TARPON SPGS. FL 34689  
US

Mailing Address  
P O BOX 1808  
TARPON SPGS. FL 34688-1808  
US

3. Date Incorporated or Qualified  
10/21/1986

3a. Date of Last Report  
01/30/1996

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

30

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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0602 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DVP                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SALING, GARY          |  |
| STREET ADDRESS | 43309 US HWY 19 N     |  |
| CITY-ST-ZIP    | TARPON SPRINGS FL     |  |
| TITLE          | DP                    | <input type="checkbox"/> DELETE            |
| NAME           | FRIEDLAND, LEWIS      |  |
| STREET ADDRESS | 43309 US HWY 19 N     |  |
| CITY-ST-ZIP    | TARPON SPGS FL        |  |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | WEEKS, SHIRLEY        |  |
| STREET ADDRESS | 3802 W KENNEDY BLVD   |  |
| CITY-ST-ZIP    | TAMPA FL              |  |
| TITLE          | VSTD                  | <input type="checkbox"/> DELETE            |
| NAME           | FORD, DAVID           |  |
| STREET ADDRESS | 43309 US HIGHWAY 19 N |  |
| CITY-ST-ZIP    | TARPON SPGS FL        |  |
| 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          | D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | TAYLOR, JOYCE     |  |
| 1.3 STREET ADDRESS | 43309 US HWY 19 N |  |
| 1.4 CITY-ST-ZIP    | TARPON SPRINGS FL |  |
| 2.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                   |  |
| 2.3 STREET ADDRESS |                   |  |
| 2.4 CITY-ST-ZIP    |                   |  |
| 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 do 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: *[Signature]* FRIEDLAND  
Date: 1-22-97 (813) 942-2591  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/96)