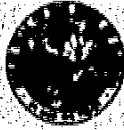


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J62928 (3)

1. Corporation Name
RIVERSIDE LEASING COMPANY

Principal Place of Business Mailing Address
**2211 OKEECHOBEE RD
FORT PIERCE FL 34850-6552
US** **2211 OKEECHOBEE RD
FORT PIERCE FL 34850-6552
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/16/1987 **04/26/1994**

4. FEI Number Applied For
59-2164828 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

6. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26. Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27. City & State City & State

23. 28. Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**LLOYD, VNCENT A.
2211 OKEESHOBEE ROAD
FORT PIERCE FL 33450**

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME **SMITH, VERNON D**
STREET ADDRESS **2211 OKEECHOBEE RD**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE SD
NAME **GIORDANO, JOHN F**
STREET ADDRESS **2211 OKEECHOBEE RD**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE TD
NAME **HENLEBEN, ROBERT A**
STREET ADDRESS **2211 OKEECHOBEE RD**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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)(b), 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: **4/14/95** **(407) 466-1200**

Signature and Typed or Printed Name of Signing Officer or Director Date Telephone Number

Robert A. Henleben