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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

DIVERSIDE FAITER

(4)

RIVERS	SIDE ENTERPHISES, INC.								
Principal Place 6103 W. RiVI FT, MYERS I		Maiong Address 2149 MCGREGOR BLVD SUITE 14 FT. MYERS FL 33901							
						3. Date Incorporated or Qualified 07/24/1989	3a. Date 02	of Last R /14/19	eport 95
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number 65-0251728	<u> </u>	-	Applied For
21		26				05/0231728			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	e	City & State				6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution			d to Fees
Zio	Country	Ζιρ		intry		8. This corporation has liability for	intangible ta i 🔲 No	x under s	199.032,
24	25	29	30	т—		Florida Statutes Yes		Agent	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of them	109.010.00		
414404	D POMICOT A			"				_	
	ir, ernest a Icgregor BLVD., suite 14			82	Street Add	iress (P.O. Box Number is Not Acceptable)			
	ERS FL 33901			83					
								85 Z	ip Code
				84	1 ' '		FL	.	,
	red agent, or both, in the State of Flori aith, and accept the obligations of, Sec Signature, typed or pricted name of registered agen	nda: Suon onanga was artific Etion 607,0505, Florida Statu	ites.	COIL	Cration 3 Lo	oration submits this statement for the po and of directors. Thereby accept the app red when remarkating?	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		Change	
TIFLE	SD SATON MADY M	☐ DELETE		TILE			I	Unanys	☐ Addition
NAME	EATON, MARY M 6103 W. RIVERSIDE DR			NAME					
STREET ADDRESS	FT. MYERS FL				i ADDRESS				
CITY-S1-ZIP	DST			CITY - TITLE	SI-ZIP			Change	Addition
TITLE	EATON, FRANK G	DELETE	- -		1		'		ш
NAME	6103 W. RIVERSIDE DR			NAME	F ADDRESS				
STREET ADDRESS	FT. MYERS FL								
CITY - ST - ZIP	PD	☐ CELETE		2.4 CITY - ST - ZIP 3.1 TILLE				☐ Change	Addition
THILE	MAGYAR, ERNEST A			NAME	1				
NAME DIRECT LEGGES	1925 CHEEORO STREET A	NPT. 301			ET ADDRESS				
STREET ADDRESS	FORT MYERS FL 33901				· ST - 719				
CITY - ST - ZIP TITLE	VTD	DE: fit	,					☐ Change	: 🔲 Addition
NAME	MAGYAR, EDNA L		4.2	NAME					
STREET ADDRESS	1925 CLIFFORD STREET, A	NPT. 301	43	STREE	EL ADDRESS				
CHTY-ST-ZHP	FORT MYERS FL 33901		4 4	C-TY-	-ST-ZIP				
TITLE		DEL FIE	5 1	Trite				Changi	e 🔲 Addition

14. If 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

5.2 NAME

6 1 T TLE

6.2 NAME

5.3 STREET ADDRESS

5.4 City - \$1 - 205

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND FYPED OR PRINTED NAME OF JUGNING OFFICER OR DIRECTOR

DELFTE

Change

Addition