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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000021485 (6)
 1. Corporation Name
4720 RIVERVIEW BOULEVARD CORPORATION

Principal Place of Business 2424 MANATEE AVENUE WEST SUITE 100 BRADENTON FL 34205	Mailing Address 2424 MANATEE AVENUE WEST SUITE 100 BRADENTON FL 34205
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/23/1993	3a. Date of Last Report 05/01/1994
21. 1432 First Street	26. 1432 First Street	4. FEI Number 65-0395120	Applied For <input type="checkbox"/> Not Applicable
22. Suite C	27. Suite C	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Jacksonville, FL	28. Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 34236	25. Country	29. 34236	30. Country

9. Name and Address of Current Registered Agent

**CASELLA, ROBERT M
CASELLA & MCMICHAEL
2424 MANATEE AVE. WEST, STE. 100
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1432 First Street, Suite C
83. City	Jacksonville
84. State	FL
85. Zip Code	34236

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, as shown 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: *Robert M. Casella* **Robert M. Casella** DATE: **2/12/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAKICKY, ANTON
STREET ADDRESS	HRADRE 13
CITY-ST-ZIP	81101 BRATISLAVA, SLOVAKIA
TITLE	S
NAME	MCMICHAEL, PAIGE
STREET ADDRESS	2424 MANATEE AVE W #100
CITY-ST-ZIP	BRADENTON 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paige McMichael
2.3 STREET ADDRESS	1432 First Street, Suite C
2.4 CITY-ST-ZIP	Jacksonville, FL 34236
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If an officer or director, my address is:

SIGNATURE: *Paige McMichael, Sec* **Paige McMichael, Sec** DATE: **2/12/95** TELEPHONE: **913-953-4755**