

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *994000012172*

1. Corporation Name
RIVERSIDE BUILDERS OF BREVARD, Inc.

Principal Place of Business <i>105 S. RIVERSIDE DRIVE</i> <i>SUITE 202</i> <i>INDIANLANTIC FL. 32903</i>	Mailing Address <i>SAME</i>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FLT Number 59-323111	3a. Date of Last Report 05-01-1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	Certificate of Status Desired 5	Applied For Not Applicable
City & State 23	City & State 28	Election Campaign Financing Trust Fund Contribution 6	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 2-10-1994	3a. Date of Last Report 05-01-1996
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent

ROBERT L. PERRY
105 S. RIVERSIDE DRIVE SUITE 202
INDIANLANTIC, FL. 32903

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>WILLIAM D. FEID</i>	
STREET ADDRESS	<i>301 MICHIGAN AVE.</i>	
CITY-ST-ZIP	<i>INDIANLANTIC FL. 32903</i>	
TITLE	<i>V. PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>ROBERT L. PERRY</i>	
STREET ADDRESS	<i>1310 MIRAMAR ST.</i>	
CITY-ST-ZIP	<i>INDIANLANTIC FL. 32903</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>300 MELBOURNE AVENUE</i>
1.4 CITY-ST-ZIP	<i>INDIANLANTIC FL. 32903</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>290 ALLEN LANE</i>
2.4 CITY-ST-ZIP	<i>MELBOURNE BEACH FL. 32951</i>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>V. PRESIDENT</i>
3.3 STREET ADDRESS	<i>RICHARD WALENSKI</i>
3.4 CITY-ST-ZIP	<i>1739 MONTEREY DRIVE N.E.</i>
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	700002215497
5.3 STREET ADDRESS	-06/18/97--01030--020
5.4 CITY-ST-ZIP	***173.75
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: *William D. Feid* **6-9-97 407-722-5770**

CR2E034 (9/96)