

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0018046

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

02 JUL 12 PM 2:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000012172
 1. Corporation Name
RIVERSIDE BUILDERS OF BREVARD, INC.



Principal Place of Business 105 S RIVERSIDE DRIVE SUITE 202 INDIALANTIC FL 32903	Mailing Address 105 S RIVERSIDE DRIVE SUITE 202 INDIALANTIC FL 32903
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Incorporated or Qualified 02/10/1994	Applied For
4. FEI Number 59-3232111	Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PERRY, ROBERT
105 S RIVERSIDE DRIVE
SUITE 202
INDIALANTIC 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REID, WILLIAM D	
STREET ADDRESS	300 MELBOURNE AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PERRY, ROBERT L	
STREET ADDRESS	1310 MIRAMAR ST.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALENSKI, RICHARD	
STREET ADDRESS	1739 MONTEREY DRIVE N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
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.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REID, WILLIAM, D	
1.3 STREET ADDRESS	300 MELBOURNE AVE.	
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
2.1 TITLE	D.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PERRY, ROBERT L	
2.3 STREET ADDRESS	290 ALMAN LANE	
2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
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 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: Robert L Perry 7/1/99 407-722-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



July 2, 1999

Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

RE: Document # P94000012172

To whom it may concern:

I have just received the second notice of the annual report and it stated that this was never filed. This is the first time that I have seen this report, I started with this company in January and was under the impression that the accountant that works for Riverside Builders handled any paper work for taxes and corporation documents for the State of Florida. I was wrong. I have limited knowledge in this field and I am trying to learn the process. If you would please take in to consideration that this was a mistake made by a new employee to this company and that I am trying to keep up with all the procedures.

I have enclosed a check for \$150.00 and ask that you please accept this as payment without a penalty as this may effect my position in this company. Thank you for your anticipated cooperation in this matter.

Sincerely,
Riverside Builders of Brevard, Inc,

Donna J. Fazzio