

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

**FILED**  
**Feb 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # P95000075262 (2)**

1. Corporation Name  
**RIVERSIDE FINANCIAL COMPANY**



Principal Place of Business: **2211 OKEECHOBEE RD FT PIERCE FL 34950**  
 Mailing Address: **P O BOX 370 FT PIERCE FL 34954-0370**

3. Date Incorporated or Qualified: **09/27/1995**  
 3a. Date of Last Report: **04/29/1996**  
 4. FEI Number: **65-0613800**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **500 Miramar Avenue**  
 2a. Mailing Address: **P.O. Box 33598**  
 22. City & State: **Indialantic, FL**  
 27. City & State: **Indialantic, FL**  
 23. Zip: **32903** Country: **Brevard**  
 28. Zip: **32903** Country: **Brevard**

9. Name and Address of Current Registered Agent  
**POLACKWICH, ALAN S SR**  
**2770 INDIAN RIVER BLVD, SUITE 501**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
 81. Name: **Robert Heatwole**  
 82. Street Address (P.O. Box Number is Not Acceptable): **500 Miramar Avenue**  
 83.  
 84. City: **VERO BEACH, INDIANTANTIC** FL 85. Zip Code: **32903**

11. Pursuant to the provisions of Sections 607.002 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: *Robert Heatwole* (NOTE: Registered Agent's signature required when reinstating) DATE: **2/14/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, VERNON D	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY - ST - ZIP	FT PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENLEBEN, ROBERT A	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY - ST - ZIP	FT PIERCE FL 34950	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MULDER, DAVID L	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY - ST - ZIP	FT PIERCE FL 34950	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 Heatwole* DATE: **2/14/97** 800-565-8609

CR2E034 (9/96)