

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27287 (9)

1. Corporation Name

RIVERSIDE BANQUE PREMISES CORPORATION

Principal Place of Business
**2211 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6552**

Mailing Address
**2211 OKEECHOBEE ROAD
FORT PIERCE FL 34950-6552**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **01/25/1991** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number
65-0266651

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.062,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**POLACKWICH, ALAN S. SR.
2770 INDIAN RIVER BLVD.
SUITE 501
VERO BEACH FL 32980**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SMITH, VERNON D.**
STREET ADDRESS **2211 OKEECHOBEE ROAD**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **D**
NAME **GIORDANO, JOHN**
STREET ADDRESS **2211 OKEECHOBEE RD.**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **VD**
NAME **MCGRATH, LARRY**
STREET ADDRESS **1600 S. US 1**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **STD**
NAME **HENLEBEN, ROBERT A**
STREET ADDRESS **2211 OKEECHOBEE RD**
CITY-ST-ZIP **FORT PIERCE FL**

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert A. Henleben

4/14/95

Date

(407)466-1200

Telephone #