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Mar 25 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 # 279760

(3)

1. Corporation Name

RIVERSIDE PRESS INC.

Principal Place of Business

2300 W. COPANS RD.
POMPANO BEACH FL 33069

Mailing Address

2300 W. COPANS RD.
POMPANO BEACH FL 33069-1230



3. Date Incorporated or Qualified

03/24/1964

3a. Date of Last Report

06/24/1996

4. FEI Number

59-1051896

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ABOLAFIA, SCOTT E
2300 W. COPANS RD.
POMPANO BEACH FL 33069

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 of person who is not a registered agent and title is optional)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐	DELETE
NAME	ABOLAFIA, ISAAC		
STREET ADDRESS	2300 W. COPANS RD.		
CITY- ST- ZIP	POMPANO BEACH FL 33069		
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐	DELETE
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 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 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and is accompanied by an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC ABOLAFIA 3/21/97

Date

Daytime Phone

CR2E034 (9/96)