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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

480946

(3)

RIVERHOUSE OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address		
5094 MELBOURNE 8T. CHARLOTTE HARBOR FL 33980	P.O. BOX 112543 ATTN: EDWARD C. GAUSSA PITTSBURGH PA 15241		
2. Principal Place of Business	2a. Mailing Address		
Suite Ant # etc	Suite Apt # etc		

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			n inderit minde imist, derita steit biskin ditt Cibrit o	TION OLDIT BION BION BION DION (00)	
5004 MELBOURNE ST. CHARLOTTE HARBOR FL 33980		P.O. BOX 112543 ATTN: EDWARD C. GAUSSA PITTSBURGH PA 15241		DO NOT WRITE IN THIS SPACE	
		FILIDOMORI PA 13241		3. Date Incorporated or Qualified	
				07/22/1975	
	Place of Business	2a. Mailing Address		4. FEI Number	* Applied For
Suite, Apt	# 010	26		59-1624344	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	*****
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
	AUSSA, EDWARD C.		81 Name		
	194 MELBOURNE ST. HARLOTTE HARBOR FL 33980		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
, o,	MARCHIE IMMOUTHE GOSOU		83		
			84 City		. 85 Zip Code
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1509 Florida Statu	the the shows semed our	Forestion outprite this statement for the	'L
office or	registered agent, or both, in the State	e of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	i or changing its registered ippointment as registered
_	am familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature typed or pouled runne of registered as	just and little if applicable (NO	TE: Registered Agent signature requ	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Gaussa, Edward C		1.2 NAME		
STREET ADDRESS	5094 MELBOURNE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33	3980	1.4 CITY - \$T - ZIP		
TITLE	TVP	☐ DELETE	2.1 TITLE		Change Addition
NAME	MOLINERO, FRANK A		2.2 NAME		
STREET ADDRESS	243 REGINCY PL		2 3 STREET ADDRESS		
CITY-ST-ZIP	BETHEL PORK PA 15102		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	S 1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
Pity et 740					

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.

4-12-98