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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 491435

RIVERSIDE SPECTACLE, INC.

**FILED** Feb 09, 1999 8:00am **Secretary of State** 

02-09-1999 90030 022 \*\*\*150.00



Principal Place of Business		Mailing Address				· ·
1550 RIVERSIDE AVENUE		1550 RIVERSIDE AVENUE			*	
JACKSONVILLE		JACKSONVILLE FL 32204				DO NOT WRITE IN THIS SPACE
iri-i	<i>1</i>					3. Date Incorporated or Qualifed
N - E		Pro-por De Tit				11/21/1975
ig -b	- N. P. 1	\$1				4. FEI Number Applied For
2 Principal Pla	ace of Business		2a. Mailing Address			
21		1	26	<u> </u>		59-1630714   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.		į.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		f.	27			
City & State		-	City & State			6. Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Added to Fees
23			28			11201   6112   6111   61
Zip	Zip Country		Zip Country		try	8. This corporation owes the current year Intangible
24	25		29 3	0		Personal Property Tax. Pres INO  10. Name and Address of New Registered Agent
	9. Name and Ad	dress of Current	Registered Agent	<del>-  </del> -	31 Name	10. Name and Address of New Registered Agent
				· ·	31 Name	
ROSE, HOWARD N M					32 Street Add	dress (P.O. Box Number is Not Acceptable)
1550 RIVERSIDE AVE		l ·				
JACH	KSONVILLE FL 32	204;		8	33	
ž č				-	B4 City	85 Zip Code
		N. v.		1	1 -	FL
11 Pursuant	to the provisions of	Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ove-named co	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
% - Coffice or re	egistered agent, or	both, in the State of	f Florida. Such change was aut ons of, Section 607.0505, Floric	horized I Ia Statut	by the corporates.	ntion's board of directors. Thereby accept the appointment as registered
i i i anent i ai	m tamiliar with, and	sccebt tile opiliant	J115 (1, 080tion 007.0000, 1 tons			
SIGNATURE	Signature, typed or printed	. hame of registered agent	and title if applicable. (NOTE: R	Registered A	gent signature requi	ired when reinstating) DATE
III N		. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PT	,	☐ DELETE	1,1 TITL	E	☐ Change ☐ Addition
VAME:	ROSE, HOWAR	D N		1.2 NAM	AE	:
NAME:	1550 RIVERSID			1.3 STR	EET ADDRESS	
STREET ADORESS	· ·	(		1	Y-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE	<u> </u>	☐ DELETE	2.1 TITL		☐ Change ☐ Addition
TITLE	D.			2.2 NAN		
NAME	ROSE, HOWAR				REET ADDRESS	·
STREET ADDRESS	1550 RIVERSID				I .	·
CITY-ST-ZIP	JACKSONVILLE	FL			Y-ST-ZIP	☐ Change ☐ Addition
TITLE	.S		☐ DELETE	3.1 TITL	1.	
NAME	ROSE, MURIEL			3.2 NA	··-	
STREET ADDRESS	1550 RIVERSID			3.3 STR	REET ADDRESS	. *
CITY-ST-ZIP	JACKSONVILLE	; FI 、			,	
<del></del>	OMONOCITY	<u> </u>			ry-st-zip	☐ Channe ☐ Addition
TITLE	UNCKOON VIELE	<u> </u>	☐ DELETE	3.4. CIT 4.1 TITE		Change . □ Addition
TITLE NAME	UNONOCHTICLE	, , , , , , , , , , , , , , , , , , ,	DELETE		LE	☐ Change ☐ Addition
NAME		i	DELETE	4.1 TIT	LE	☐ Change ☐ Addition
NAME STREET ADDRESS		í	DELETE	4.1 TITE 4. 2 NA 4.3 STF	LE ME	
NAME STREET ADDRESS		i .	DELETE	4.1 TITE 4. 2 NA 4.3 STF	LE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP.		· · · · · · · · · · · · · · · · · · ·		4.1 TITE 4. 2 NA 4.3 STF 4.4 CIT	LE ME REET ADDRESS Y-ST-ZIP	
NAME STREET ADDRESS CHY-ST-ZIP.		· · · · · · · · · · · · · · · · · · ·		4.1 TITU 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NA	LE ME REET ADDRESS Y-ST-ZIP	
NAME STREET ADDRESS OTHY-ST-ZIP. TITLE NAME STREET ADDRESS		i		4.1 TITU 4.2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NA 5.3 STF	LE ME REET ADDRESS Y- ST- ZIP LE ME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME. STREET ADDRESS CITY-ST-ZIP		i		4.1 TITU 4.2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NA 5.3 STF	LE MME REET ADDRESS Y- ST- ZIP LE MME REET ADDRESS Y-ST- ZIP	
NAME STREET ADDRESS ONLY ST-ZIP TITLE STREET ADDRESS CITY'ST-ZIP TITLE		i	☐ DELETE	4.1 TITU 4.2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NA 5.3 STF 5.4 CIT	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE Ty-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME. STREET ADDRESS CITY-ST-ZIP		1	☐ DELETE	4.1 TITU 4.2 NA 4.3 STF 4.4 CIT 5.1 TITU 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITU 6.2 NAI	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE Ty-ST-ZIP	☐ Change ☐ Addition

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, with an other like empowered.

SIGNATURE: