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

PROFIT CORPORATION ANNUAL REPORT

1997

RIVERDALE, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 645035

(7)

FILED Jan 28 1997 8:00am Secretary of State

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			77.7			
Principal Place of Business Mailing Address						
21845 POWERLINE ROAD 21845 POWERLIKE RD						
201 Boga raton	E1 99433	SUITE 201 BOCA RATON FL 33433-785	.o			
US	FL 30400	US	14	3. Date Incorporated or Qualified	3a. Date of Last Report	
		•		11/13/1979	01/30/1996	
2. Principal P 21 2130	lace of Business 1 Powerline Road	2a. Mailing Address 26 21301 Powe	rline Road	4. FEI Number 59-2263337	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc. 27 Suite 207		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Boca	Raton FL	28 Boca Raton	FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	g. This corporation has liability for in		
24 3343			30 USA Falta		Yes No	
	9. Name and Address of Current	Registered Agent	04) 1)	10. Name and Address of New Reg	pistered Agent	
l	DIN, BERNARD		81 Name			
	45 POWERLINE RD.		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	TE 201 CA RATON FL 33433		83			
	77 (141 OH 1 E 00 100		04 00		loel 7:- Codo	
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	urpose of changing its registered	
office or n agent. La	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607,0505. Flor	ithorized by the corporat ida Statutes.	ion's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agen	Land title if applicable (NOTE	Registered Agent signature requir	red when reinstaling)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITL€	PST	☐ DELETE	1.1 TITLE		Change Addition	
NAME	GODIN, BERNARD		1.2 NAME			
STREET ADDRESS	4520 NW 23RD TERRACE		1.3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL		1.4 City - ST - ZIP			
TITLE	D	☐ DELETE	21 TITLE		Change Addition	
NAME	GODIN, BERNARD		22 NAME	•		
STREET ADDRESS	4520 NW 23RD TERRACE		2.3 STREET ADDRESS			
CHTY-ST-ZIP	BOCA RATON FL		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			
C/TY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADORESS			
CITY-SI-ZIP			5 4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-ZIP			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 of supplied enter on 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 of the corp

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

561-883-3941

Daytime Phone ♥