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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F59165

(3)

FILED

Mar 31 1998 8:00am

Secretary of State

RIVERSIDE REALTY, INC.				 	
Principal Place	e of Business	Mailing Address			C 100/100 (10/ Stulp 10/0) (12/12 Aviol off) elett Sielt State State Sielt Sielt
3624 S. DEL PRADO BLVD. 3624 S. DEL PRAI CAPE CORAL FL 33904 CAPE CORAL FL 3			VD.		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated of Qualified
					12/22/1981
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-2146902 Not Applica
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24 25		29	30		Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent OYAMPOUR V. CARL C. 81 Name				Name	10. Name and Address of New Registered Agent
STA	AMBOULY, CARL G.		01	I Name	<u></u>
3624 S. DEL PRADO BLVD. CAPE CORAL FL 33904			82	Street Add	dress (P.O. Box Number is Not Acceptable)
			63		;
			84	City	85 Zip Code
	70	0			rporation submits this statement for the purpose of changing its register
office or fi agent I at SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorized by lorida Statutes	the corpora	ation's board of directors. I hereby accept the appointment as registere
·	Signature, typed or printed name of registered ag	ent and title if applicable. (NO: ID DIRECTORS		nt signature requi	uired when reinstating) DATE
TITLE	DITICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addi
NAME	STAMBOULY, CARL G.	La beene	1.2 NAME		E ondigo E 7400
STREET ADDRESS	3824 S. DEL PRADO BLVD.		1.3 STREET	ADORESS	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-S	1	
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addi
NAME	STRATTON, JOANNE P		2.2 NAME		<i>£</i>
STREET ADDRESS	3624 DEL PRADO		2.3 STREET	ADDRESS	(
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Addi
NAME			3.2 NAME	1000000	
STREET ADDRESS CITY-ST-ZIP			3.3 STREET	ĺ	
TITLE		DELETE	3.4. CITY+ST+ZIP 4.1 TITLE		Change Addi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADORESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		DELETE	5.1 TITLE		Change Addi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-21P	To Page
TIFLE		☐ DELETE	6.1 TITLE		Change Addi
NAME CYPERT ADDRESS			6.2 NAME	1000000	,
STREET ADDRESS			6.3 STREET		•
14. hereby c	certify that the information supplied v	vith this filing does not qualify t	6.4 CITY-S or the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the informati
indicated	on this annual report or supplement director of the corporation or the rec or Block 13 if changed, or on an atta	al annual report is true and acceiver or trustee empowered to ich heriywith an addyess.	curate and th	at my signatu report as req	lure shall have the same legal effect as if made under oath; that I am ar quired by Chapter 607, Florida Statutes; and that my name appears in
SIGNAT	URE: (M) D.	Xturn back	· ·	247	5-98 941 5421700