

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

FILED
Jul 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000664 (0)**
1. Corporation Name
RIVERSIDE INTERNATIONAL CORPORATION OF DELAWARE

Principal Place of Business 7800 BELFORT PKWY #100 JACKSONVILLE FL 32256	Mailing Address 7800 BELFORT PKWY #100 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/09/1996	
25		30		4. FEI Number 59-3185943 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KIRSCHNER MAIN GRAHAM TANNER & DEMONT ONE INDEPENDENT DRIVE STE #2000 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name Catherine J. Gray 82 Street Address (P.O. Box Number is Not Applicable) 7800 Belfort PKWY. 83 Suite 100 84 City JACKSONVILLE FL 85 Zip Code 32256	
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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 **Catherine J. Gray** **Catherine J. Gray** **7/15/98**
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPINSKI, TOM	1.2 NAME	
STREET ADDRESS	7800 BELFORT PKWY #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBEE, W. RAY	2.2 NAME	
STREET ADDRESS	7800 BELFORT PKWY #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, J. STEVEN	3.2 NAME	
STREET ADDRESS	7800 BELFORT PKWY #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHNER, KENNETH	4.2 NAME	
STREET ADDRESS	7800 BELFORT PKWY #100	4.3 STREET ADDRESS	one Independent Drive # 2000
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUFFIN, JAMES	5.2 NAME	
STREET ADDRESS	7800 BELFORT PKWY #100	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Catherine J. Gray** **904-281-2200**

CR2E034 (10/97)