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

**PROFIT** CORPORATION ANNUAL REPORT

1997



Block 13 if changed

appears in Block 12 or

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K75187

(0)

ATCO-RIVERDALE HOLDING, INC. Principal Place of Business Mailing Address PO ROX 698 PO BOX 698 SARASOTA FL 34230 **SARASOTA FL 34230-0698** 3. Date incorporated or Qualified 3a. Date of Last Report 03/13/1989 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0115643 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Zip Zıp Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HRIC. MICHAEL 2801 FRUITVILLE ROAD Street Address (P.O. Box Number is Not Acceptable) B2 SUITE 100 83 SARASOTA FL 34237 RA City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal no Type-Lor pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE THEF ROGERS, BURT K. 1.2 NAME NAME CR2E034 3815 N OSPREY AVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP □ DELETE Change Addition 2.1 TITLE TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS **33 STREET ADDRESS** 34. CITY-ST-ZIP CITY - ST - ZIF ■ DELETE Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY -\$1 - 7e 4.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIE 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE THIE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY - ST - 21P 6.4 CITY-ST-ZIP 14. If 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 or supplemental annual, port 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 received in the

with an address

**FILED** 

Apr 04 1997 8:00am Secretary of State

MAR 31 1997

Daytime Phone #