


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L97755 (7) 1. Corporation Name RIVERPEACE, INC.		



Principal Place of Business 1097 GIRLS SCOUT RD. ARCADIA FL 33821	Mailing Address 1097 GIRLS SCOUT RD. ARCADIA FL 33821
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 New ZIP 34266 Suite, Apt. #, etc.		2a. Mailing Address 26 New ZIP 34266 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/31/1990	
22 City & State		27 City & State		4. FEI Number 65-0214623 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERT, BARBARA 1097 GIRLS SCOUT RD. ARCADIA FL 33821		10. Name and Address of New Registered Agent 81 Name RW MONFORT 82 Street Address (P.O. Box Number is Not Acceptable) 1097 GIRLS SCOUT RD. 83 84 City ARCADIA FL 85 Zip Code 34266	
--	--	---	--

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 *RW Monfort* DATE 4-11-98
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	PTSD	TITLE	PTSD VPCM
NAME	BERG, BARBARA	1.2 NAME	RW MONFORT
STREET ADDRESS	21833 S.W. 100TH PLACE	1.3 STREET ADDRESS	1097 GIRLS SCOUT RD.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	ARCADIA FLA 34266
TITLE	VPCM	2.1 TITLE	
NAME	BERG, BARBARA	2.2 NAME	
STREET ADDRESS	21833 S.W. 100TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33821	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *RW Monfort* DATE 4-11-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)