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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M73847 (9)
 1. Corporation Name
RIVERLAKE WEST DEVELOPMENT, INC.



Principal Place of Business: **4200 MAHOGANY RUN SE WINTER HAVEN FL 33884**
 Mailing Address: **4200 MAHOGANY RUN SE WINTER HAVEN FL 33884-2907**

3. Date Incorporated or Qualified: **03/25/1988** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-2934854** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
CLARK, E. JOHN, III
4200 MAHOGANY RUN SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, ALBERT F.	1.2 NAME	
STREET ADDRESS	331 MONTVALE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOBURN MA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROUX, EDWARD G., JR.	2.2 NAME	
STREET ADDRESS	331 MONTVALE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOBURN MA	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, E. JOHN, III	3.2 NAME	
STREET ADDRESS	4200 MAHOGANY RUN SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, RAYMOND J., III	4.2 NAME	
STREET ADDRESS	304 CAMBRIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOBURN MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, RICHARD P.	5.2 NAME	
STREET ADDRESS	ONE INDUSTRIAL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINDHAM NH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEY, EUGENE O.	6.2 NAME	
STREET ADDRESS	ONE INDUSTRIAL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINDHAM NH	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 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: _____ DATE: **4-11-97**

CR2E034 (9/96)