

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M90173 (9)**

1. Corporation Name  
**RIVIERA PLAZA OF HOLLY HILL, INCORPORATED**



Principal Place of Business: **1700 RIDGEWOOD AVE., SUITE H HOLLY HILL FL 32117**  
Mailing Address: **1700 RIDGEWOOD AVE., SUITE H HOLLY HILL FL 32117**

3. Date Incorporated or Qualified: **07/11/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-5123866**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. 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 **1518 State Avenue**  
Suite, Apt. #, etc.: 27 **Suite A**  
City & State: 28 **Holly Hill, FL 32117**  
Zip: 29 **32117** Country: 30 **Volusia**

9. Name and Address of Current Registered Agent

**TUMBLESON, J. DOYLE ESQ.  
150 S. PALMETTO AVE.  
BOX A  
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL**

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

Signature, type or print name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, MAURO	1.2 NAME	
STREET ADDRESS	1700 RIDGEWOOD AVE STE H	1.3 STREET ADDRESS	1518 State Ave. "A"
CITY- ST- ZIP	HOLLY HILL FL	1.4 CITY- ST- ZIP	Holly Hill, Fl 32117
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, JUAN GUIDO	2.2 NAME	
STREET ADDRESS	1700 RIDGEWOOD AVE STE H	2.3 STREET ADDRESS	1518 State Ave. "A"
CITY- ST- ZIP	HOLLY HILL FL	2.4 CITY- ST- ZIP	Holly Hill, FL 32117
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, SANTE	3.2 NAME	
STREET ADDRESS	1700 RIDGEWOOD AVE STE H	3.3 STREET ADDRESS	1518 State Ave. "A"
CITY- ST- ZIP	HOLLY HILL FL	3.4 CITY- ST- ZIP	Holly Hill, FL 32117
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOVICS, HELGA	4.2 NAME	
STREET ADDRESS	1700 RIDGEWOOD AVE STE H	4.3 STREET ADDRESS	1518 State Ave. "A"
CITY- ST- ZIP	HOLLY HILL FL	4.4 CITY- ST- ZIP	Holly Hill, FL 32117
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Helga Markovics* SEC.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (904) 677-3741  
Date (Optional Phone)

CR2E034 (12/95)