

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96 B

5306 (1) C

DOCUMENT # N06427

1. Corporation Name
RIVER GARDEN HOLDING COMPANY, INC.



Principal Place of Business Mailing Address
% PALEVSKY, ELLIOTT
11401 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32258-1402

3. Date Incorporated or Qualified **11/30/1984** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-2487781** 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

9. Name and Address of Current Registered Agent
PALEVSKY, ELLIOTT
11401 OLD AUGUSTINE ROAD
JACKSONVILLE FL 32258

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GENDZIER, SHELDON	
STREET ADDRESS	6935 LA LOMA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEISEL, LEWIS	
STREET ADDRESS	100 HOPKINS STREET	
CITY-ST-ZIP	NEPTUNE BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, HERMAN	
STREET ADDRESS	2468 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOLF, MARTIN	
STREET ADDRESS	2160 REDFERN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHREIBER, MINNIE	
STREET ADDRESS	5201 ATLANTIC BLVD 259	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUTMAN, ARTHUR	
STREET ADDRESS	3733 UNIVERSITY BLVD 206	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brent Turbow	
1.3 STREET ADDRESS	4811 Beach Blvd Suite #401	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald Elinoff	
3.3 STREET ADDRESS	2811 Scott Mill Estates Dr.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32257	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Martin Wolf	
4.3 STREET ADDRESS	3642 Leewood Lane	
4.4 CITY-ST-ZIP	Jacksonville, FL 32217	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Arthur Gutman	
6.3 STREET ADDRESS	11501 Old St. Augustine Rd.#42	
6.4 CITY-ST-ZIP	Jacksonville, FL 32258	

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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Martin Wolf** 4/9/96 (909) 636-9570

CR2E037 (12/95)