


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06427 (1)**

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		% PALEVSKY, ELLIOTT 11401 OLD ST. AUGUSTINE RD. JACKSONVILLE FL 32258-1402	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	11/30/1984	59-2487781
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27		
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/> Yes	
		7. Is this nonprofit corporation a homeowners association?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURBOW, BRENT	1.2 NAME	
STREET ADDRESS	4811 BEACH BLVD #401	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISEL, LEWIS	2.2 NAME	
STREET ADDRESS	100 HOPKINS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH. FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELINOFF, RONALD	3.2 NAME	
STREET ADDRESS	2811 SCOTT MILL ESTATES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, MARTIN	4.2 NAME	
STREET ADDRESS	3642 LEEWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, MINNIE	5.2 NAME	
STREET ADDRESS	5201 ATLANTIC BLVD 259	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEPPER, IRVING	6.2 NAME	
STREET ADDRESS	11401 OLD ST AUGUSTINE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 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** *Martin Wolf* 3/26/98

CR2E037 (10/97)