

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90128 021 ****70.00

0007052

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06427

1. Corporation Name
RIVER GARDEN HOLDING COMPANY, INC.

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

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



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 11/30/1984 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2487781 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | |
| 24 | | 29 | | 30 | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PALEVSKY, ELLIOTT 11401 OLD AUGUSTINE ROAD JACKSONVILLE FL 32258 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 checked="" 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 | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHREIBER, MINNIE | 5.2 NAME | SCHREIBER, MINNIE |
| STREET ADDRESS | 5201 ATLANTIC BLVD 259 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KLEPPER, IRVING | 6.2 NAME | MICHAEL GREENBURG |
| STREET ADDRESS | 11401 OLD ST AUGUSTINE RD | 6.3 STREET ADDRESS | 3701 RIVER HALL DRIVE |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | JACKSONVILLE, FL 32217 |

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, with all other like empowered.

SIGNATURE: Minnie Schreiber 4/28/99 904-398-5174
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)