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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34311 (3)

1. Corporation Name

RIVERSIDE RENAISSANCE, INC.

Principal Place of Business

Mailing Address

C/O J. CLIFTON COX
P O BOX 1330
FORT LAUDERDALE FL 33302C/O J. CLIFTON COX
P O BOX 1330
FORT LAUDERDALE FL 33302-13303. Date Incorporated or Qualified
09/22/19893a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, J. CLIFTON
4875 N. FEDERAL HIGHWAY
SAVINGS OF AMERICA BLDG., 10TH FLOOR
FORT LAUDERDALE FL 33308

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME COLE, R. JEFFREY
STREET ADDRESS 800 S.W. 14TH TERR.
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE TD ☐ DELETENAME FELD, LINDA
STREET ADDRESS 811 S.W. 12TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME ANDREW, TOM
STREET ADDRESS 717 S.W. 14TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME ADASCHIK, ALAN
STREET ADDRESS 1728 S.W. 5TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME ADASCHIK, GAYLE
STREET ADDRESS 1728 S.W. 5TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME SASS, ANDREA
STREET ADDRESS 1418 S.W. 10TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANDREA L. SASS 1/13/97 (954) 763-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035458

CR2E037 (9/96)