

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

CORPORATION ANNUAL REPORT 1995

STATE OF FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1111 GULF BLVD., SUITE 1000
 TALLAHASSEE, FLORIDA 32304



APPROVED AND FILED

57 MAY - 1 AM 10: 07

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P07380** (9)
 RIVER OAKS PROPERTIES, INC.

Office of the Director: 20 TRAFALGAR SQUARE SUITE 303 NASHUA NH 03063
 My Office: 20 TRAFALGAR SQUARE SUITE 303 NASHUA NH 03063

2. Principal Office of Directors: 21 State Art # 05: 22 Office # 23: 24: 25: 26: 27: 28: 29: 30:

3. Date of Incorporation: 09/11/1985 3a. Date of Last Report: 04/06/1994
 4. FID Number: 02-0391050
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Funds and Trust Fund Contributions: \$5.00 May Be Added to Fees
 8. This corporation has liability for damages under 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100: Yes No

9. Name and Address of Current Registered Agent: ABEL, ERIC D ESQUIRE 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442
 10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is not Acceptable): 83: 84 City: 85 State: FL

11. For each of the past three years, the corporation has complied with the provisions of the Florida Statutes...
 SIGNATURE: *[Signature]* 4/23/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
PT NAME: TAMPOSI, SAMUEL A., SR. ADDRESS: 20 TRAFALGAR SQUARE, STE. 303 CITY: NASHUA NH	<input type="checkbox"/> Change <input type="checkbox"/> Add
D NAME: TAMPOSI, NICHOLAS E. ADDRESS: 20 TRAFALGAR SQUARE, STE. 303 602 CITY: NASHUA NH	<input type="checkbox"/> Change <input type="checkbox"/> Add
D NAME: TAMPOSI, SAMUEL A., JR. ADDRESS: 20 TRAFALGAR SQUARE, STE. 303 602 CITY: NASHUA NH	<input type="checkbox"/> Change <input type="checkbox"/> Add
V NAME: TAMPOSI, STEPHEN A. ADDRESS: 2450 N. CITRUS HILLS BLVD. CITY: HERNANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
ST NAME: PASTOR, JOHN E. ADDRESS: 2450 N. CITRUS HILLS BLVD. CITY: HERNANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the officers and directors of this corporation have filed and signed, for the reporting period, the required information...
 SIGNATURE: *Stephen A. Tamposi* 4-27-95 904-746 6121
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR: Stephen A. Tamposi