

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07380 (9)
1. Corporation Name
RIVER OAKS PROPERTIES, INC.



Principal Place of Business
**20 TRAFALGAR SQUARE
SUITE 303
NASHUA NH 03063**

Mailing Address
**20 TRAFALGAR SQUARE
SUITE 303
NASHUA NH 03063**

3. Date Incorporated or Qualified **09/11/1985** 3a. Date of Last Report **05/01/1995**

4. FEI Number **02-0391050** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent (fill in if applicable) _____ Registered Agent Signature (required when changing) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAMPOSI, SAMUEL A., SR.		1.2 NAME	
STREET ADDRESS 20 TRAFALGAR SQUARE, STE. 303		1.3 STREET ADDRESS	
CITY-ST-ZIP NASHUA NH		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAMPOSI, NICHOLAS E.		2.2 NAME JAMES STELLOS	
STREET ADDRESS 20 TRAFALGAR SQUARE, STE 602		2.3 STREET ADDRESS 20 TRAFALGAR SQ, SUITE 602	
CITY-ST-ZIP NASHUA NH		2.4 CITY-ST-ZIP NASHUA, NH 03063	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAMPOSI, SAMUEL A., JR.		3.2 NAME JAMES TAMPOSI	
STREET ADDRESS 20 TRAFALGAR SQUARE, STE 602		3.3 STREET ADDRESS 20 TRAFALGAR SQ, SUITE 602	
CITY-ST-ZIP NASHUA NH		3.4 CITY-ST-ZIP NASHUA, NH 03063	
TITLE +	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAMPOSI, STEPHEN A.		4.2 NAME	
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP HERNANDO FL		4.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASTOR, JOHN E.		5.2 NAME	
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP HERNANDO FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John E. Pastor* **JOHN E. PASTOR, 4/30/96** 352 746-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)