

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 03063-1973
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3. Date Incorporated or Qualified 09/11/1985	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 02-0391050	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STELLOS, JAMES		1.2 NAME James Colorusso	
STREET ADDRESS 20 TRAFALGAR SQ SUITE 602		1.3 STREET ADDRESS 20 Trafalgar Square, Suite 602	
CITY-ST-ZIP NASHUA NH		1.4 CITY-ST-ZIP Nashua, NH 03063	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TAMPOSI, JAMES		2.2 NAME Dennis Malvers	
STREET ADDRESS 20 TRAFALGAR SQ SUITE 602		2.3 STREET ADDRESS 20 Trafalgar Square, Suite 602	
CITY-ST-ZIP NASHUA NH		2.4 CITY-ST-ZIP Nashua, NH 03063	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAMPOSI, STEPHEN A.		3.2 NAME	
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP HERNANDO FL		3.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASTOR, JOHN E.		4.2 NAME	
STREET ADDRESS 2450 N. CITRUS HILLS BLVD.		4.3 STREET ADDRESS 2050 N. Brentwood Circle	
CITY-ST-ZIP HERNANDO FL		4.4 CITY-ST-ZIP Lecanto, FL 34461	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen A. Tamposi*, **STEPHEN A TAMPOSI**, 4/30/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
352-746-6121

CR2E034 (9/96)