


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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07380

1. Corporation Name
RIVER OAKS PROPERTIES, INC.



Principal Place of Business 20 TRAFALGAR SQUARE STE 602 NASHUA NH 03063 US	Mailing Address 2450 N CITRUS HILLS BLVD SUITE 303 HERNANDO FL 34442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/11/1985	Applied For Not Applicable
4. FEI Number 02-0391050	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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)
2476 N. ESSEX AVENUE

83

84 City **HERNANDO** FL 85 Zip Code **34442**

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COLORUSSO, JAMES
STREET ADDRESS	20 TRAFALGAR SQUARE, STE. 602
CITY-ST-ZIP	NASHUA NH
TITLE	D <input type="checkbox"/> DELETE
NAME	TAMPOSI, M L
STREET ADDRESS	20 TRAFALGAR SQ SUITE 602
CITY-ST-ZIP	NASHUA NH
TITLE	P <input type="checkbox"/> DELETE
NAME	TAMPOSI, STEPHEN A.
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.
CITY-ST-ZIP	HERNANDO FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	PASTOR, JOHN E.
STREET ADDRESS	2050 N. BRENTWOOD CIR
CITY-ST-ZIP	LECANTO F
TITLE	D <input type="checkbox"/> DELETE
NAME	MALVERS, DENNIS
STREET ADDRESS	20 TRAFALGAR SQUARE, STE. 602
CITY-ST-ZIP	NASHUA NH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2476 N. ESSEX AVENUE
3.4 CITY-ST-ZIP	HERNANDO, FL 34442
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2476 N. ESSEX AVENUE
4.4 CITY-ST-ZIP	HERNANDO, FL 34442
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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: *Stephen A. Tamposi* 4-22-99 352-746-6060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)