


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

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40494 (7)**

1. Corporation Name  
**ROOT RIVERFRONT DEVELOPMENT CORP.**

Principal Place of Business <b>525 FENTRESS BLVD. DAYTONA BEACH FL 32114</b>	Mailing Address <b>P.O. BOX 2660 DAYTONA BEACH FL 32120-2660 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/15/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 Suite, Apt. #, etc.	27 City & State
25 Zip	28 Country	29 Zip	30 Country	4. FEI Number <b>59-3133339</b>	Applied For <input type="checkbox"/> Not Applicable
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**g. Name and Address of Current Registered Agent**

**VOGES, WILLIAM J.  
525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114**

**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**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROOT, CHAPMAN J., II</b>	
STREET ADDRESS	<b>525 FENTRESS BLVD.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JAMES L DEVIS</b>	
STREET ADDRESS	<b>525 FENTRESS BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>VOGES, WILLIAM J.</b>	
STREET ADDRESS	<b>525 FENTRESS BLVD.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DITTBENNER, EILEEN</b>	
STREET ADDRESS	<b>525 FENTRESS BLVD.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLANFORD, MARK O.</b>	
STREET ADDRESS	<b>525 FENTRESS BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRU W PERRY</b>	
STREET ADDRESS	<b>525 FENTRESS BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BCH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Maroney, Phillip</b>	
1.3 STREET ADDRESS	<b>525 Fentress Blvd.</b>	
1.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Nowvskie, Ronald</b>	
2.3 STREET ADDRESS	<b>525 Fentress Blvd.</b>	
2.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Romano, Sharon</b>	
3.3 STREET ADDRESS	<b>525 Fentress Blvd.</b>	
3.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
4.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Jones, Vicky</b>	
4.3 STREET ADDRESS	<b>525 Fentress Blvd.</b>	
4.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	
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.

SIGNATURE: \_\_\_\_\_ **02/24/98 (904) 250-4700**

CR2E094 (10/97)