

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90053 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P40494**

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



Principal Place of Business Mailing Address  
 525 FENTRESS BLVD. P.O. BOX 2860  
 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32120-2860  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/15/1992**

4. FEI Number Applied For  
**59-3133339** 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 owes the current year Intangible Personal Property Tax.  Yes  No

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 25 29 30

9. 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	D <input checked="" type="checkbox"/> DELETE
NAME	ROOT, CHAPMAN J., II
STREET ADDRESS	525 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MARONEY, PHILLIP
STREET ADDRESS	525 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	DP <input type="checkbox"/> DELETE
NAME	VOGES, WILLIAM J.
STREET ADDRESS	525 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	DITTBENNER, EILEEN
STREET ADDRESS	525 FENTRESS BLVD.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	NOWISKIE, RONALD
STREET ADDRESS	525 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BCH. FL 32114
TITLE	S <input type="checkbox"/> DELETE
NAME	ROMANO, SHARON
STREET ADDRESS	525 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BCH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROOT, JOHN S.
1.3 STREET ADDRESS	525 FENTRESS BLVD.
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: (904) 258-4744

WILLIAM J. VOGES, PRESIDENT

CR2E034 (11/98)