

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 43096

6-4933 C

DOCUMENT # P93000006795 (7)

1. Corporation Name

THE RIVERSIDE OFFICE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

24 SILVER PALM AVE.
MELBOURNE FL 32901

24 SILVER PALM AVE.
MELBOURNE FL 32901

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

BABICH, CYNTHIA
24 SILVER PALM AVENUE
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

01/27/1993

3a. Date of Last Report

04/03/1995

4. FEI Number

59-3162386

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

10. Name and Address of New Registered Agent

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

Signature (Typed or Printed Name of Registered Agent or Director)

(If the Registered Agent is a corporation, the name of the corporation must be typed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	BABICH, CYNTHIA A	24 SILVER PALM AVE.	MELBOURNE FL 32901	<input type="checkbox"/>
DV	POCOSKI, MADELYN M	24 SILVER PALM AVE.	MELBOURNE FL 32901	<input type="checkbox"/>
DV	KILEY, SUSAN N	24 SILVER PALM AVE.	MELBOURNE FL 32901	<input type="checkbox"/>
DT	TREFRY, SUSAN P	24 SILVER PALM AVE.	MELBOURNE FL 32901	<input type="checkbox"/>
SD	WILSON BARBARA	24 SILVER PALM AVE.	MELBOURNE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Barbara Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 407-728-1229
DATE DAY/PHONE #

CR2E034 (12/95)