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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

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



DOCUMENT # P93000006795
 1. Corporation Name
THE RIVERSIDE OFFICE MANAGEMENT, INC.



Principal Place of Business Mailing Address
 24 SILVER PALM AVE. 24 SILVER PALM AVE
 MELBOURNE FL 32901 MELBOURNE FL 32901

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. 25. 29. 30.

3. Date Incorporated or Qualified
 01/27/1993
 4. FEI Number Applied For
 59-3162386 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 PORTER-RICHARD, CONNIE
 24 SILVER PALM AVENUE
 MELBOURNE FL 32901

10. Name and Address of New Registered Agent
 81. Name B. Diane Vchulek
 82. Street Address (P.O. Box Number is Not Acceptable)
 24 Silver Palm Ave
 83.
 84. City Melbourne FL 85. Zip Code 32901

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 B. Diane Vchulek, Treas. B. Diane Vchulek 3/29/99
Signature typed or printed name of registered agent and title of association. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	BABICH, CYNTHIA A	
STREET ADDRESS	24 SILVER PALM AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input type="checkbox"/>
NAME	POCOSKI, MADELYN M	
STREET ADDRESS	24 SILVER PALM AVE.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DS	<input type="checkbox"/>
NAME	TREFRY, SUSAN P	
STREET ADDRESS	24 SILVER PALM AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/>
NAME	PORTER RICHARD, CONNIE	
STREET ADDRESS	24 SILVER PALM AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. NAME	B. Diane Vchulek.		
3. STREET ADDRESS	24 Silver Palm Avenue		
4. CITY-ST-ZIP	Melbourne, FL 32901		
21. TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. NAME	Susan P. Trefry.		
23. STREET ADDRESS	24 Silver Palm Avenue		
24. CITY-ST-ZIP	Melbarne, FL 32901		
31. TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. NAME	Madelyn M. Pocoski, 7		
33. STREET ADDRESS	24 Silver Palm Avenue		
34. CITY-ST-ZIP	Melbourne, FL 32901		
41. TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. NAME	Cynthia C. Babich.		
43. STREET ADDRESS	24 Silver Palm Avenue		
44. CITY-ST-ZIP	Melbourne, FL 32901		
51. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. 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, upon an attachment with an address, with all other like empowered

SIGNATURE: B. Diane Vchulek 3/15/99 (407) 728-1329
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (1/198)