FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB -6 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name: Hudson River Valley Associates, Inc.

DOCUMENT # P93000013805

Mailing Address / Principal Place of Business
~~1779 N. Congress Avenue, Suite 338~~
~~Boynton Beach, FL 33426~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 319 Clematis Street	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 215	27
City & State	City & State
23 West Palm Beach, FL	28
Zip 24 33401 / Country 25 U.S.A.	Zip 29 / Country 30

3. Date Incorporated or Qualified: 2/15/93
3a. Date of Last Report: 5/01/96
4. FEI Number: 59-3169264 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~Rocco C. Waldhelm~~
~~1779 N. Congress Avenue~~
~~Suite 338~~
~~Boynton Beach, FL 33426~~

10. Name and Address of New Registered Agent

81 Name: Sonni Woodbury
82 Street Address (P.O. Box Number is Not Acceptable): 319 Clematis Street, Suite 215
83
84 City: West Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D,P,S Rocco C. Waldhelm 1779 N. Congress Avenue, Suite 338 ~~Boynton Beach, FL 33426~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D,P,T Sonni Woodbury 319 Clematis Street, Suite 215 West Palm Beach, FL 33401
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP,T Joseph Waldhelm 1779 N. Congress Ave, Suite 338 ~~Boynton Beach, FL 33426~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D,VP,S Tina Woodbury 319 Clematis Street, Suite 215 ~~West Palm Beach, FL 33401~~
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	500002000165--0 02/06/97--01125-018 ****165.00 ****165.00
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S Woodbury 12/18/96 561-835-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #