

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000029779 (4)**

1. Corporation Name
RIVER VIEW BUILDING, INC.



Principal Place of Business: **2180 W FIRST ST STE 500 FORT MYERS FL 33901 US**
Mailing Address: **2180 W FIRST ST STE 500 FORT MYERS FL 33901 US**

3. Date Incorporated or Qualified: **04/23/1993** 3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0404778** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **26** City & State: **23** Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**DAVIES, CHRISTOPHER N
1415 HENDRY ST.
FORT MYERS FL 33901**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|--------------------------------------------|
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | LICKLEY, MICHAEL E. | |
| STREET ADDRESS | 2180 W FIRST ST STE 500 | |
| CITY - ST - ZIP | FORT MYERS FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | COUCH, RICHARD G | |
| STREET ADDRESS | 2180 W FIRST ST STE 500 | |
| CITY - ST - ZIP | FORT MYERS FL | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | LICKLEY, MICHAEL E | |
| STREET ADDRESS | 2180 WEST 1ST ST. | |
| CITY - ST - ZIP | FORT MYERS FL 33901 | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | BROMWICH, STEPHEN J. | |
| STREET ADDRESS | 2180 W FIRST ST, STE 500 | |
| CITY - ST - ZIP | FT MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | DVST BROMWICH, STEPHEN J. |
| 43 STREET ADDRESS | 2180 W FIRST ST STE 500 |
| 44 CITY - ST - ZIP | FT MYERS FL 33901 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 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 president or trustee 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 attached sheet with an address.

SIGNATURE: _____ DATE: **4/15/96** DAYTIME PHONE #: **941-337-1777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RICHARD G. COUCH**

CR2E034 (12/95)