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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

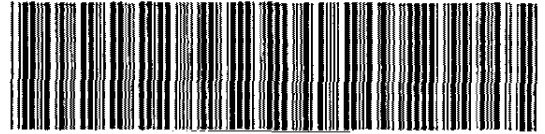
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**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1994**



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

**APPROVED  
AND  
FILED**  
  
94 MAY -1 PH 3: 35  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**DAY BY THE RIVER, INC.**

**DOCUMENT #  
P93000043843 (0)**

Home Address  
**6800 MILLER DRIVE  
MIAMI FL 33155**

Principal Place of Business  
**6800 MILLER DRIVE  
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1993** 3a. Date of Last Report

4. FEI Number **65-0448601** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**  6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

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

2. Mailing Address **Same** 2a. Principal Place of Business

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

**MCDONNELL PATRICK  
6800 MILLER DRIVE  
MIAMI FL 33155**

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 617.0502 and 617.1503 or Sections 617.0502 and 617.1503, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1.1 TITLE **P/D**

1.2 NAME **LAHEY EDWARD**

1.3 STREET ADDRESS **6800 MILLER DRIVE**

1.4 CITY- ST- ZIP **MIAMI FL 33155**

2.1 TITLE **V/T/D**

2.2 NAME **MCDONNELL PATRICK**

2.3 STREET ADDRESS **6800 MILLER DRIVE**

2.4 CITY- ST- ZIP **MIAMI FL 33155**

3.1 TITLE **S/D**

3.2 NAME **EROCKWAY DAVID**

3.3 STREET ADDRESS **6800 MILLER DRIVE**

3.4 CITY- ST- ZIP **MIAMI FL 33155**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 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

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 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

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

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)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) 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: Patrick McDonnell Patrick McDonnell 2/9/94 305-666-1684

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #