

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

APPROVED  
AND  
FILED

1996 APR 30 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076246 (6)

1. Corporation Name

SEVEN RIVERS PROPERTY INVESTORS, INC.

Principal Place of Business

268 SOUTH SUNCOAST BOULEVARD  
CRYSTAL RIVER FL 34429  
US

Mailing Address

268 SOUTH SUNCOAST BOULEVARD  
CRYSTAL RIVER FL 34429  
US

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/01/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-3217460

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

NEAL, JAMES A JR.  
213 N. APOPKA AVE.  
INVERNESS FL 34450

81 THE PRENTICE HALL CORPORATION SYSTEM, INC.

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYES STREET, SUITE 105

83

84 City  
TALLAHASSEE

FL

85 Zip Code  
32301

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. Patricia Pizzuto, assistant secretary

SIGNATURE

Patricia Pizzuto

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
RANIERI, LEWIS S.  
~~40 CHARLES LINDBERGH BOULEVARD, STE. 500~~  
UNIONDALE NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
SHAY, SCOTT A  
50 CHARLES LINDBERGH BLVD., STE. 500  
UNIONDALE NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
BARBERA, ELIZABETH  
50 CHARLES LINDBERGH BLVD., STE. 500  
UNIONDALE NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
PERRO, ROBERT A  
50 CHARLES LINDBERGH BLVD., STE. 500  
UNIONDALE NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
XX Correction  
50 CHARLES LINDBERGH BLVD, SUITE 500

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

CR2E034 (12/95)