

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:17

DOCUMENT # P94000013079 (6)

1. Corporation Name
RIVERBANK ACCEPTANCE, INC.

Principal Place of Business Mailing Address
~~6010 N.W. 33RD AVENUE~~ ~~6010 N.W. 33RD AVENUE~~
~~STE 100~~ ~~STE 100~~
~~FORT LAUDERDALE FL 33309~~ ~~FORT LAUDERDALE FL 33309~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **800 W. OAKLAND PARK HWY** **SAME**
Suits, Apt #, etc. Suits, Apt #, etc.
22 **# 100** 27
City & State City & State
23 **FT. LAUDERDALE FL** 28
Zip Country Zip Country
24 **33311** 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/15/1994
4. FEI Number Applied For
650467453 Not Applicable
5. Certificate of Status Desired **\$9.75 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

9. Name and Address of Current Registered Agent
ROSABI, STEVE
~~6010 N.W. 33RD AVENUE~~ **10474 NW 11 CT**
~~STE 100~~ **PLANTATION**
~~FORT LAUDERDALE FL 33309~~ **FL 33322**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

Signature of the principal place of business of registered agent and the corporation (BOTH) Registered Agent Signature Required When Not Using DATE

12. OFFICERS AND DIRECTORS

TITLE	VICE-PRESIDENT
NAME	DANIEL BENJAMIN
STREET ADDRESS	9527 DYNASTY DR
CITY, ST, ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), 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. I am an officer or director of the corporation 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, hereof, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95 305-5649400