

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

DOCUMENT # P94000084471 (9)

1. Corporation Name

RIVER OAKS OF ORANGE COUNTY, INC.



Principal Place of Business

402 HIGH POINT DR.
COCOA FL 32926

Mailing Address

402 HIGH POINT DR.
COCOA FL 32926

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

04/17/1995

4. FEI Number

59-3282205

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PEEPLES, JAMES W III
505 NORTH ORLANDO AVE.
COCOA BEACH FL 32932-0757

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

Signature typed or printed name of registered agent, if the registered agent is not the corporation.

Signature typed or printed name of registered agent, if the registered agent is not the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRSCHENBAUM, MALCOLM R	
STREET ADDRESS	402 HIGH POINT DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Malcolm R. Kirschenbaum	
1.3 STREET ADDRESS	402 High Point Drive	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Randall L. Rex	
2.3 STREET ADDRESS	402 High Point Drive	
2.4 CITY-ST-ZIP	Cocoa, FL 32926	
3.1 TITLE	S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tom Alday	
3.3 STREET ADDRESS	402 High Point Drive	
3.4 CITY-ST-ZIP	Cocoa, FL 32926	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Malcolm R. Kirschenbaum

4-19-96

Date

407/632-4436

Daytime Phone #

CR2E034 (12/95)