

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 3767

27 Suite, Apt. #, etc.

28 City & State

29 COCOA, FL

30 Zip

31 32924 3767

Country

USA

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

MALCOLM R. KIRSCHENBAUM

82 Street Address (P.O. Box Number is Not Acceptable)

914 DIXON BLVD.

83

84 City

COCOA

FL

85 Zip Code

32922

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

MALCOLM R. KIRSCHENBAUM

4/3/98

(Signature of person or persons authorized to file this report and the fee)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP  
NAME KIRSCHENBAUM, MALCOLM R  
STREET ADDRESS 402 HIGH POINT DRIVE  
CITY-ST-ZIP COCOA FL ☐ DELETE

TITLE PD  
NAME REX, RANDALL L.  
STREET ADDRESS 402 HIGH POINT DRIVE  
CITY-ST-ZIP COCOA FL ☐ DELETE

TITLE STD  
NAME ALDAY, TOM  
STREET ADDRESS 402 HIGH POINT DRIVE  
CITY-ST-ZIP COCOA FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 914 DIXON BLVD.  
1.4 CITY-ST-ZIP 32922

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 914 DIXON BLVD.  
2.4 CITY-ST-ZIP 32922

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 914 DIXON BLVD.  
3.4 CITY-ST-ZIP 32922

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address

SIGNATURE

MALCOLM R. KIRSCHENBAUM

4/3/98

CP2E034 (10/97)