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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023092 (6)

RIVERHOUSE LANDINGS, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Placi			Mailing Address				THE STATE OF THE S			
1200 Indian River Drive Sebastian FL 32958			1200 Indian River Drive Sebastian Fl. 32958-4 155 US							
US							3. Date Incorporated or Qualified 03/21/1995		te of Last 24/1996	•
2. Principa! P	lace of Business	2a. Ma	ailing Address				4. FEI Number			Applied For
21		26					65-0566522			lot Applicable
Suite, Apt.	#, etc	27	ite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	0	Cil	ty & State				6. Election Campaign Financing		\$5.00	May Be
23	and the same of th	28					Trust Fund Contribution			to Fees
Zip 24	Country 25	29 29	0	30 Cour	ntry		This corporation has liability for Florida Statutes	intangible		s. 199.032,
<u> </u>	9. Name and Address of Curr		d Agent	190	_		10. Name and Address of New R			
MAN	NKINS, JIM F				81	Name				
	O INDIAN RIVER DRIVE			-	82	Street Add	dress (P.O. Box Number is Not Accepta	blei		
	BASTIAN FL 32982			l			() Desired to the company			
					83					
				}	84	City	****	P== 4	85 Zip	Code
							poration submits this statement for the ation's board of directors. I hereby acception	FL		
12.	Sign along type discriptioned name of registered. OFFICERS A	agent and title it ap AND DIRECTO	RS	OTE: Registered	Age	nt signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
TILLE	DST		DELETE	1.1 111	LE				Change	
NAMI	HANKINS, JAY B			1.2 NA	ME	Ì				
STREET ADDRESS	1200 INDIAN RIVER DRIVE			1.3 SŢF	REET	ADDRESS				
CITY+51+7P	SEBASTIAN FL			1 4 CIT		T-ZIP				
FILE	DP		☐ DELETE	2.1 717		ŀ			Change	Addition
NAME CALLED AND COLUMN	HANKINS, JIM F			2.2 NA		ADDRESS		e e		
STREET ADDRESS City=ST_ZIP	1200 Indian River Drive Sebastian FL			2.3 ST		1				
TIFLE	OLDMOINNI L	F. B. d ,	DELETE	3.1 117		" ""			Change	Additio
NAMi				3.2 NA	ME	ŀ				
STREET ADDRESS				3.3 ST	EET	ADDRESS	•			
City SI - ZiP				3.4. CI		ST-ZIP			····	
TITLE			☐ DELETE	4.1 TiT		-			Change	Additio
NAMI				4. 2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-76* THE			DELETE	4.4 CFI 5.1 Tif	_	1-ZIP			Change	Addition
NAME			Party Departs	5.2 NA						
STREET ADORESS						ADDRESS		•		
CHY-ST-ZIP				5.4 CIT		1				
THILF			DELETE	6.1 TIT					Change	Additio
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	HEET	ADDRESS	•			
City - \$1 - ZIP	<u> </u>			6.4 CI	Y-\$	T-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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: