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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000023800 (2)

1. Corporation Name

RIVERSIDE PLAZA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
324 SOUTH HYDE PARK AVE. SUITE 260 TAMPA FL 33606	324 SOUTH HYDE PARK AVE. SUITE 260 TAMPA FL 33606

3. Date Incorporated or Qualified: 03/23/1995 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 100 W. KENNEDY BLVD.	26 100 W. KENNEDY BLVD
22 Suite, Apt. #, etc. #720	27 Suite, Apt. #, etc. #720
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33602 25 Country:	29 Zip: 33602 30 Country:

4. FEI Number: 59-3303939 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWELL, DANIEL B 324 S. HYDE PARK AVE. SUITE 260 TAMPA FL 33606	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 100 W. KENNEDY BLVD. 83 SUITE 720 84 City: TAMPA FL 85 Zip Code: 33602

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: N. Howell DANIEL Howell 2/13/96
(Signature of New Registered Agent, if changed / Printed name of New Registered Agent / Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, DANIEL B 324 S. HYDE PARK AVE., #260 TAMPA FL 33606	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	100 W. KENNEDY BLVD #720 TAMPA, FL 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AZZARELLI, THOMAS J 324 S. HYDE PARK AVE., #260 TAMPA FL 33606	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	100 W. KENNEDY BLVD # 720 TAMPA, FL 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AZZARELLI, MICHAEL % P.O. BOX 9097 (N/A) TAMPA FL 33674	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TESTAVERDE, VINCENT % P.O. BOX 9097 (N/A) TAMPA FL 33674	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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, or on an attachment with an address.

SIGNATURE: N. Howell DANIEL Howell 2/13/96 (813) 222-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #