

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000023800**  
Corporation Name  
**RIVERSIDE PLAZA ASSOCIATES, INC.**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**  
07-08-1999 90017 040 \*\*\*150.00



Principal Place of Business  
**100 WEST KENNEDY BLVD  
SUITE 720  
TAMPA FL 33602  
US**

Mailing Address  
**100 WEST KENNEDY BLVD  
SUITE 720  
TAMPA FL 33602  
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/23/1995</b>	4. FEI Number <b>59-3303939</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State	City & State	8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Zip	Country			

9. Name and Address of Current Registered Agent

**HOWELL, DANIEL B  
100 WEST KENNEDY BLVD  
SUITE 720  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Thomas J Azzarelli**  
82 Street Address (P.O. Box Number is Not Acceptable) **100 W. Kennedy Blvd**  
83 **Suite 720**  
84 City **Tampa** 85 Zip Code **FL 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 **X**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/1/99**  
DATE

2. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOWELL, DANIEL B</b>	
STREET ADDRESS	<b>100 WEST KENNEDY BLVD, SUITE 720</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AZZARELLI, THOMAS J</b>	
STREET ADDRESS	<b>100 WEST KENNEDY BLVD, SUITE 720</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AZZARELLI, MICHAEL</b>	
STREET ADDRESS	<b>% P.O. BOX 9097 (N/A)</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33674</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TESTAVERDE, VINCENT</b>	
STREET ADDRESS	<b>% P.O. BOX 9097 (N/A)</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33674</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE: **X**

**SIGNATURE REQUIRED**

**7/1/99 813-228-0883**

0085481

CR2E034 (5/99)

# AZZARELLI

P95000023800  
583504-90017-40

B U I L D E R S

10/1/99

THIS DOCUMENT IS A COPY OF THE ORIGINAL DOCUMENT WHICH WAS FILED WITH THE FLORIDA SECRETARY OF REVENUE, TALLAHASSEE, FLORIDA, ON JULY 1, 1999.

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: FEI# 59-3303939

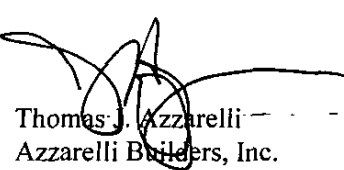
To Whom It May Concern:

As per telephone conversation of today with your representative, we are enclosing herewith document #P95000023800 and our check in the amount of \$150.00 for the above referenced corporation. As of the first of the year, we had a change in the corporate structure of our company. The registered agent is no longer with the corporation. As a result, the first request was never received by us. We were also not aware that we had to file an annual report since the registered agent handled these duties in previous years.

If you have any questions or require additional information, please contact me.

Sincerely,

RIVERSIDE PLAZA ASSOCIATES, INC.

  
Thomas J. Azzarelli  
Azzarelli Builders, Inc.  
as managing agent

100 West Kennedy Boulevard  
Suite 720  
Tampa, Florida 33602  
Telephone 813 228 0883  
Facsimile 813 228 7074

DEVELOPMENT

CONSTRUCTION

MANAGEMENT