

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000044663 (9)

1. Corporation Name
2135 RIVERSIDE INVESTORS, INC.



Principal Place of Business
**1515 RIVERSIDE AVE SUITE A
JACKSONVILLE FL 32204**

Mailing Address
**1515 RIVERSIDE AVE SUITE A
JACKSONVILLE FL 32204-4134**

3. Date Incorporated or Qualified **06/08/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **2545 Riverside Ave.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **2545 Riverside Ave.**
Suite, Apt. #, etc.

4. FEI Number **59-3328736** Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Jacksonville, FL**

28 **Jacksonville, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32204** 25 **Duval**

29 **32204** 30 **Duval**

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

**FRAZIER, W R
1515 RIVERSIDE AVE SUITE A
JACKSONVILLE FL 32204**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MONTEIRO, PAULO
STREET ADDRESS	1515 RIVERSIDE AVE SUITE A
CITY - ST - ZIP	JACKSONVILLE FL 32204
TITLE	D <input type="checkbox"/> DELETE
NAME	HAWKINS, JOHN C III
STREET ADDRESS	1515 RIVERSIDE AVE SUITE A
CITY - ST - ZIP	JACKSONVILLE FL 32204
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2545 Riverside Ave.
1.4 CITY - ST - ZIP	Jacksonville, FL 32204
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2545 Riverside Ave.
2.4 CITY - ST - ZIP	Jacksonville, FL 32204
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *John C. Hawkins III* 1/28/97 904-36 6516

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John C. Hawkins, III, Director Daytime Phone: _____

CR2E034 (9/96)