

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000051638 (1)  
1. Corporation Name

A POOR MAN'S RIVIERA, INC.



Principal Place of Business: 14003-4 BEACH BLVD JACKSONVILLE FL 32250  
Mailing Address: 14003-4 BEACH BLVD JACKSONVILLE FL 32250

3. Date Incorporated or Qualified: 06/29/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-3321627  
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 [X] No

2. Principal Place of Business: 21 [Blank] 22 Suite, Apt #, etc: [Blank] 23 City & State: [Blank] 24 Zip: [Blank] 25 Country: [Blank]  
2a. Mailing Address: 26 [Blank] 27 Suite, Apt #, etc: [Blank] 28 City & State: [Blank] 29 Zip: [Blank] 30 Country: [Blank]

9. Name and Address of Current Registered Agent

WHITE, CHRISTOPHER  
14019 BEACH BLVD #976  
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name: WHITE, CHRISTOPHER  
82 Street Address (P.O. Box Number is Not Acceptable): 3581 EUNICE RD.  
83 [Blank]  
84 City: JACKSONVILLE FL 85 Zip Code: 32250

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits its 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: Christopher White

8/6/96

Signature of Registered Agent and New Registered Agent and the Corporation (If 9): Registered Agent Signature required when registering.

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	WHITE, CHRISTOPHER	
STREET ADDRESS	14019 BEACH BLVD #976	
CITY - ST - ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/>
NAME	WHITE, DELORES	
STREET ADDRESS	14019 BEACH BLVD #976	
CITY - ST - ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

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)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: Christopher White  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 904-714-3500  
Date Time

CR2E034 (3/96)