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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -7 AM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086738 (8)

1. Corporation Name

RIVERSIDE SQUARE RESTAURANT, INC.

Principal Place of Business

4793 NORTH CONGRESS AVENUE, SUITE 6
LANTANA FL 33462

Mailing Address

4793 NORTH CONGRESS AVENUE, SUITE 6
LANTANA FL 33462-5837

3. Date Incorporated or Qualified

01/01/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

MAGNANTI, ANTHONY
4793 NORTH CONGRESS AVENUE, SUITE 6
LANTANA FL 33462

2a. Mailing Address

26

6601 Lyons Road

Suite, Apt. #, etc.

27

Suite I-9

City & State

28

Coconut Creek, FL

29

33073

Country

30

Broward

4. FEI Number

59-3344233

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

10. Name and Address of New Registered Agent

81 Name

Stellino, Salvatore

82 Street Address (P.O. Box Number is Not Acceptable)

6601 Lyons Road

83

Suite I-9

84

Coconut Creek,

FL

85 Zip Code

33073

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/3/97

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME STELLINO, SALVATORE
STREET ADDRESS 4793 NORTH CONGRESS AVENUE, SUITE 6
CITY-ST-ZIP LANTANA FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME Stellino, Salvatore
1.3 STREET ADDRESS 6601 Lyons Road, Suite I-9
1.4 CITY-ST-ZIP Coconut Creek, FL 33073

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 607.0502, 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

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6/13/97

954-427-6559

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