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Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000044589 (5)

1. Corporate Name  
RIVERGATE CORPORATION

Principal Place of Business  
2909 BAY TO BAY BLVD. #400  
TAMPA FL 33629

Mailing Address  
2909 BAY TO BAY BLVD. #400  
TAMPA FL 33629-8177



2. Principal Place of Business

21 3016 US Hwy 301 North  
Suite Apt. #, etc.  
#400

22 Tampa, FL  
City & State

23 33619  
Zip

24 Hillsborough  
Country

2a. Mailing Address

26 3016 US Hwy 301 N.  
Suite, Apt. #, etc.  
#400

27 Tampa, FL  
City & State

28 33619  
Zip

29 Hills.  
Country

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

4. FEI Number

59-3380220

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

ROSS, BRIAN M  
100 SOUTH ASHLEY DRIVE #2200  
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEWIS, JAMES C  
STREET ADDRESS 2909 BAY TO BAY BLVD. #400  
CITY-ST-ZIP TAMPA FL 33629

TITLE D  
NAME ROSS, BRIAN M  
STREET ADDRESS 9324 WELLINGTON PARK CIRCLE  
CITY-ST-ZIP TAMPA FL 33647

TITLE D  
NAME LEWIS, CHRISTOPHER  
STREET ADDRESS 2909 BAY TO BAY BLVD. #400  
CITY-ST-ZIP TAMPA FL 33629

TITLE  
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 Director  
1.2 NAME JAMES W. LEWIS JR.  
1.3 STREET ADDRESS 4507 Country GATE COURT  
1.4 CITY-ST-ZIP VALRICO, FL 33594

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

3.1 TITLE Director  
3.2 NAME Christopher Lewis  
3.3 STREET ADDRESS 4609 Clarksdale Lane  
3.4 CITY-ST-ZIP Brandon, FL 33511

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 813-621-8199  
Date Daytime Phone #

CR2E034 (9/96)