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Mar 10 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 # P96000057534 (5)

1. Corporation Name
RIVERSEdge PLAN SOURCE, INC.



Principal Place of Business
4370 L.B. MCLEOD ROAD
ORLANDO FL 32811

Mailing Address
4370 L.B. MCLEOD ROAD
ORLANDO FL 32811-5619

3. Date Incorporated or Qualified
07/05/1996

3a. Date of Last Report

2. Principal Place of Business
21 3301 Bartlett Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 14754 Astina Way
Suite, Apt. #, etc.

4. FEI Number
59-3406705

Applied For
Not Applicable

22 City & State
23 Orlando, FL

27 City & State
28 Orlando, FL

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

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

24 Zip 32811
25 Country USA

29 Zip 32837
30 Country USA

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

VAVRA, TONI
4370 L.B. MCLEOD ROAD
ORLANDO FL 32811

81 Name Toni VAVRA
82 Street Address (P.O. Box Number is Not Acceptable)
14754 ASTINA WAY
83
84 City ORLANDO FL 85 Zip Code 32837

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 *Toni T. Vavra* Toni T. VAVRA, President 3/3/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VAVRA, TONI	
STREET ADDRESS	4370 L.B. MCLEOD ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAVRA, THOMAS M	
STREET ADDRESS	4370 L.B. MCLEOD ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
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		

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Toni VAVRA	
1.3 STREET ADDRESS	14754 ASTINA WAY	
1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS VAVRA	
2.3 STREET ADDRESS	14754 ASTINA WAY	
2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
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 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: *Toni T. Vavra* Toni T. VAVRA 3/3/97 4072461080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)