PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF COMPORATIONS

## DOCUMENT # P98000045315 1

Corporation Name

## FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90010 031 \*\*\*150.00 08-10-1999 90016 009 \*\*\*400.00

RIVER OAKS DESIGNS, INC.	;			
Principal Place of Business	Mailing Address	<del></del> ,		I IIIMT SIMBI GIN 1991
1412 RIVER OAKS RD.	1412 RIVER OAKS RD.		·	
LACKSONVILLE FL 32207	JACKSONVILLE FL 32207		TO NOT WESTERN THE SPACE	•
			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
			05/18/1998	
	I n. Atalian Address		4, FEI Number	Applied For
2. Principal Place of Business	25. Mailing Address 26.8638 PHILIPS	HIGHN		Not Applicable
21 8638 PHILIPS HIGHNA) Suite, Apt. #, etc.	Suite, Apt. #, etc.	1101.10	_ \$8.	75 Additional
SUITE # 8	27 SUITE # 8	P· -	5. Certificate of Status Desired	e Required
City & State	City & State			.00 мау Ве
Z3 - JACKSON VILLE	28 JACKSONVI		Trust Fund Contribution Ad	ded to Fees
Zip Country	Zip , , -/-	Country	8. This corporation owes the current year Intangible	MO
24 32256 25 USA	29 32250 31	USA	Personal Property Tax.	S)MO
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
OFFINAN THOMAS C ID		81 Name		
PLEIMAN, THOMAS C JR.		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PLEIMAN & COMPANY,P.A. 9140 GOLFSIDE DR.,STE.1		83		<del></del>
JACKSONVILLE FL 32256				
JAURSUNVILLE FL 32230		84 City	FL  85	Zip Code
	4 COT 4 FOR Florida Chattalan	the above parmed o	tion out who stile materials for the number of changing	ng its registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of</li> </ol>	Florida, Such change was auth	nonzed by the corpor	corporation's board of directors. I hereby accept the appointment	as registered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statules.		
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SIGNATURE				\
Signature, typed or printed name of registered agent	nd title if applicable. (NOTE: Re	gisterad Agent signature rec	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	\
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14. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 reteiver or trustee ampowered 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, with all other like empowered.

SIGNATURE: SGNATURE

GALLERAN

115,09

704 731-5312

Daytime Phone (