


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S03089** (7)
1. Corporation Name
RIVERSIDE GOLF MANAGEMENT COMPANY

Principal Place of Business 111 RIVERSIDE AVE. SUITE 330 JACKSONVILLE FL 32202	Mailing Address 111 RIVERSIDE AVE. SUITE 330 JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1650 Prudential Drive Suite, Apt. #, etc. 22 Suite 400 City & State 23 Jacksonville, FL Zip 24 32207		2a. Mailing Address 26 1650 Prudential Drive Suite, Apt. #, etc. 27 Suite 400 City & State 28 Jacksonville, FL Zip 29 32207		3. Date Incorporated or Qualified 10/01/1990	
25 Duval		30 Duval		4. FEI Number 59-3034694	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH & HULSEY 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name Robert M. Rhodes 82 Street Address (P.O. Box Number is Not Acceptable) 1650 Prudential Drive, Suite 400 83 84 City Jacksonville 85 Zip Code FL 32207	
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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 *Robert M. Rhodes* **Robert M. Rhodes** (NOTE: Registered Agent signature required when re-instating) DATE **4/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MELNYK, STEVEN N.		1.2 NAME Robert M. Rhodes	
STREET ADDRESS 111 RIVERSIDE AVE., SUITE 330		1.3 STREET ADDRESS 1650 Prudential Drive, Suite 400	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME HOPKINS, WILLIAM B. J		2.2 NAME	
STREET ADDRESS 111 RIVERSIDE AVE., SUITE 330		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Robert M. Rhodes* **Robert M. Rhodes** DATE **4/29/98** **024-39-6680**

CR2E034 (10/97)