

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S11365 (1)

1. Corporation Name

RIVERS EDGE, INC.

Principal Place of Business

1601 HUNTER CREEK DR
PUNTA GORDA FL 33982

Mailing Address

1601 HUNTER CREEK DR
PUNTA GORDA FL 33982



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1990		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 65-0225456		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONETTE, JOHN 1601 HUNTER CREEK DR PUNTA GORDA FL 33982				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 the date of filing.

(If 101b, Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONETTE, JOHN	1.2 NAME	
STREET ADDRESS	12050 KELLY GREENS BLVD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, JOSEPH G.	2.2 NAME	
STREET ADDRESS	13539 SIESTA PINES	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS FL	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONETTE, PATRICIA E.	3.2 NAME	
STREET ADDRESS	12050 KELLY GREENS BLVD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIZZO, DOMINICK A.	4.2 NAME	
STREET ADDRESS	7440 BEAR HOLLOW CIR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT MYERS FL	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	I	5.2 NAME	Kim Leonette
STREET ADDRESS		5.3 STREET ADDRESS	12050 Kelly Greens Blvd
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Fort Myers FL 33908
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *Kim Leonette* Kim Leonette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

941-637-5757

Date

Daytime Phone #

CR2E034 (12/95)