

AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **518478 (S)**
1. Corporation Name **RIVERSIDE INVESTMENTS, INC.**

Principal Place of Business **3342 W. Commercial P.O. Box 9743 Ft. Lauderdale, FL 33310**
Mailing Address **P.O. Box 9743 Ft. Lauderdale, FL 33310**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	12/14/90	10/11/96
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0285531	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
BARRY J. KAPLAN
P.O. Box 9743 9853 N.W. 14th Ct.
Ft. Lauderdale, FL 33310 Coral Springs, FL 33065

10. Name and Address of New Registered Agent
81 Name **BARRY J. KAPLAN**
82 **Box Number Is Not Acceptable**
83 **9853 N.W. 14th Ct.**
84 City **Coral Springs** FL 85 Zip Code **33065**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
P	BARRY J. KAPLAN	1.2 NAME	BARRY J. KAPLAN
STREET ADDRESS	P.O. Box 9743	1.4 CITY - ST - ZIP	9853 N.W. 14th Ct.
CITY - ST - ZIP	Ft. Lauderdale, FL 33310	2.1 TITLE	NAME
		2.2 NAME	9853 NW 14th Ct
		2.4 CITY - ST - ZIP	Coral Springs, FL 33065
		3.1 TITLE	NAME
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	NAME
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	NAME
		5.2 NAME	600002199516
		5.3 STREET ADDRESS	-06/03/97--01044--006
		5.4 CITY - ST - ZIP	***660.00
		6.1 TITLE	NAME
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____

CR2E034 (3/95)