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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # \$800

(6)

SOUTH RIVER SHORES DEVELOPMENT CORPORATION

Principal Plac	THIVER SHORES DEVELOUSE OF Business PRT \$T. LUCIE BLVD. JCIE FL 34994	Mailing Add				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 09/13/1991	
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26	26			65-0295962	Not Applica
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & S 28	tate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	ļ	ー Coul	ntry	8. This corporation owes or has paid the cu	
24	25 25 Name and Address of Curre	29		30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	AVARETTA, STEPHEN	III negistered Ag			81 Name	10. Hame and Address of the Registered	Agoin
11. Pursuant office or	JITE 302 DRT ST. LUCIE FL 34986 to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblin	.02 and 607.1508, e of Florida. Such gations of, Section	Florida Statutes change was au 607 0505, Flori	s, the ab	83 84 City oove-named co	Idress (P.O. Box Number is Not Acceptable) FL proporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the purpose of the purpos	85 Zip Code of changing its registere
Old HATTOTILE	Signature, typod or printed name of registered ag	gent and title if applicable	{NOTE:	Registered	Agent signature rec	quired when reinstaling) DATE	
12.		ND DIRECTORS	-	13.		ADDITIONS/CHANGES TO OFFICERS AN	
NAME STREET ADDRESS CITY-ST-ZIP	D KOEHNEN, HARVEY 208 S.W. PT ST. LUCIE BLV PORT ST LUCIE FL	_	DELETE	•			☐ Change ☐ Addi
TITLE	D		DELETE	2.1 TIT			☐ Change ☐ Addi
NAME	NADALIN, ANGELO			2.2 NA	ME I		
STREET ADDRESS	208 S.W. PT. ST. LUCIE BL	VD.			REET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL			2. 4 CI	TY-ST-ZIP		
TITLE		[DELETE	3.1 TIT	LE		☐ Change ☐ Addi
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 \$16	REET ADDRESS		
CITY-ST-2IP				3.4 CI	TY-ST-ZIP		
TITLE			DELETE	4.1 TIT	LE		Change Addi
NAME				4. 2 NA	IME .		
STREET ADDRESS				4.3 STF	REET ADDRESS		
CITY-ST-ZIP				4.4 CIT	Y-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.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

CIONATURE ANALL Nodelay

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$1-ZIP

Quela Mach

3-11.00

Change

Addition

☐ Addition

FILED

Feb 11 1998 8:00am

Secretary of State

;R2E034 (10/97)