FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S97472** **(2)**

1. Corporation Name
RIVERSIDE CAFE, INC.

Principal Place of Business	Mailing Address
~~812 FLAMEVINE LANE~~ VERO BEACH FL 32963 US	812 FLAMEVINE LANE VERO BEACH FL 32963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1991**
3a. Date of Last Report: **07/20/1994**
4. FEI Number: **59-3105909** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1 BEACHLAND BLVD.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEWART, WILLIAM J.
3355 OCEAN DR
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	RAITEN, HUGH
STREET ADDRESS	812 FLAMEVINE LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☐ Change ☐ Addition
1	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
3	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
4	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
5	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
6	TITLE / NAME / STREET ADDRESS / 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(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 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] 4/29/95 407-234-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072275 CP