FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90045 014 ****61.25

0047292

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732111

1. Corporation Name
WAYSIDE HOUSE, INC.

Principal Place of Business	Mailing Address
378 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33483	378 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33483

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/11/1975

4. FEI Number
NOT APPLICABLE
☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, JOHN ROSS
101 S.E. SIXTH AVE.
STE. G
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name J. Jeffrey Thistle
82 Street Address (P.O. Box Number is Not Acceptable) 30 S.E. 4th Avenue
83
84 City Delray Beach FL 85 Zip Code 33483

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] 1/27/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ONEAL, PERRY H.		1.2 NAME		
STREET ADDRESS	588 BANYAN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF STREAM FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALLAWAY, PHYLLIS		2.2 NAME		
STREET ADDRESS	67 SPANISH RIVER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYLES, KATHERINE J.		3.2 NAME		
STREET ADDRESS	302 GULFSTREAM DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 0		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OLTON, ELISE		4. 2 NAME		
STREET ADDRESS	750 SOUTH OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWER, STEPHANIE		5.2 NAME		
STREET ADDRESS	6100 N. OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan 29, 1999 561/278-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)