

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90005 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J75143

1. Corporation Name
OCEANSIDE RESORTS INC.



Principal Place of Business 111 WEST FORTUNE STREET TAMPA FL 33602	Mailing Address 111 WEST FORTUNE STREET TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1987

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

4. FEI Number 59-2917016	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CALLEN, DAVID H.
 111 W. FORTUNE ST.
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 DC	<input type="checkbox"/> DELETE	1.1 TITLE DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBCALLEN, ROBINSON		1.2 NAME (CALLEN), ROBINSON	
STREET ADDRESS 111 WEST FORTUNE STREET		1.3 STREET ADDRESS 111 W. FORTUNE ST	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP TAMPA FLORIDA 33602	
TITLE DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLEN, JAN		2.2 NAME	
STREET ADDRESS 111 WEST FORTUNE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLEN, DAVID		3.2 NAME CALLEN, DAVID	
STREET ADDRESS 111 WEST FORTUNE STREET		3.3 STREET ADDRESS 111 W. FORTUNE ST	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP TAMPA FL 33602	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINO, THOMAS		4.2 NAME	
STREET ADDRESS 1602 N FLORIDA AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33602		4.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALLER, CLAIRE		5.2 NAME	
STREET ADDRESS 2201 COLLINS AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33139		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 life empowered.

SIGNATURE: *David H. Callen* **4-29-99** **813-279-6686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)