FILE	NOW:	FILING	FEE	AFTER	MAY 1	IS \$22!	5.00
------	------	--------	-----	-------	-------	----------	------

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 436892

(4)

JOUR	TRYSIDE DEVELOPMENT,	INC.				
Principal Place	e of Business	Mailing Address		I (DO)() DIÐOO FIFED BIJÐI EÐFÆ IÐ()	ia ribi bibit bibit bibit bibit bibit bibit bibit lebi	
		11720 SHELDON RD TAMPA FL 33626				
. 6:::::::::		T		3. Date Incorporated or Qualified 09/25/1973	3a. Date of Last Report 02/21/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-1485386	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	re	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes		
·	g. Name and Address of Curre	ent Registered Agent	64	10. Name and Address of New	Registered Agent	
DDOMAI	, TOM FAIRFIELD		81 Name			
	HELDON ROAD		82 Street Add	dress (P.O. Box Number is Not Accepta	ible)	
	FL 33626		83			
	· -		44 0			
			84 City		FL 85 Zip Code	
or register familiar wi	to the provisions or Sections 607.050 red agent, or both, in the State of Flo ith, and accept the obligations of, Sec	72 and 607.1508, Florida Statut rida. Such change was authoriz ction 607.0505. Florida Statutes	es, the above-named corpo ed by the corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	urpose of changing its registered office pointment as registered agent. I am	
			j.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NC	o. DTF: Registered Agent a gnature require		DATE	
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI	nt and title if applicable (NC	OTF: Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE	Sgnature, typed or printed name of registered age OFFICERS AT	nt and title if applicable (NC	TF Registered Agent's gnature require 13. 1.1 TITLE	ed when reinstating)	DATE	
SIGNATURE 12. TITLE NAME	Sgnature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFIELD	nt and title if applicable (NC	PTF Registered Agent's greature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS	Sgnature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFIELD 11720 SHELDON RD.	nt and title if applicable (NC	13. 1.1 Title 1.2 NAME 1.3 STHEEL ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE NAME	Sgnature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFIELD	nt and title if applicable (NC	PTF Registered Agent's greature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TILLE NAME STREE! ADDRESS CITY-ST-ZIP	Sgrature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFIELD 11720 SHELDON RD. TAMPA FL	nt and talle it empicable (NC ND DIRECTORS DELETE	13. 1. 1 Title 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY - ST - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE	Sgrature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD.	nt and talle it empicable (NC ND DIRECTORS DELETE	13. 1.1 Tifte 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgrature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE	nt and talle it someostate (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - S1 - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Sgrature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL	nt and talle it empicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - S1 - ZIP 3.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Sgrature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL T BROWN, RICHARD D	nt and talle it someostate (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - S1 - ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	nt and talle it someostate (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Sgrature, typed or printed name of registered age OFFICERS AT PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL T BROWN, RICHARD D	INTERPORTED IN THE PROPERTY OF	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREE! ACORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	nt and talle it someostate (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	INTERPORTED IN THE PROPERTY OF	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	
SIGNATURE 12. THE NAME SHEE! ACCRESS CHY-ST-ZIP THE NAME SHEE! ACCRESS CHY-ST-ZIP THE NAME SHEEL ACCRESS CHY-ST-ZIP THE NAME SHEEL ACCRESS CHY-ST-ZIP THE NAME SHEEL ACCRESS	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	INTERPORTED IN THE PROPERTY OF	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	
SIGNATURE 12. THE NAME SHEE! ACCRESS CHY-ST-ZIP THE NAME SHEE! ACCRESS CHY-ST-ZIP THE NAME SHEEL ACCRESS CHY-ST-ZIP THE NAME SHEEL ACCRESS CHY-ST-ZIP THE NAME SHEEL ACCRESS	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	INTERPORTED IN THE PROPERTY OF	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	INTERPORTED (NO NO DIRECTORS DELETE) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.1 STREET ADDRESS 4.4 CITY - ST - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME SIREE! ADDRESS CITY-ST-ZIP TITLE NAME SIREE! ADDRESS CITY ST-ZIP TITLE NAME SIREE! ADDRESS CITY ST-ZIP TITLE NAME STREE! ADDRESS	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	INTERPORTED (NO NO DIRECTORS DELETE) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY - ST - ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME SIREE! ADDRESS CITY-ST-ZIP TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	INTERPORTED (NO NO DIRECTORS DELETE) DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	ed when reinstating)	Change Addition Change Addition	
SIGNATURE 12. TITLE NAME SIREE! ADDRESS CITY-ST-ZIP TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE NAME STREE! ADDRESS CITY-ST-ZIP TITLE	PD BROWN, TOM FAIRFÆLD 11720 SHELDON RD. TAMPA FL SD BROWN, ORA KATHERINE 11720 SHELDON RD. TAMPA FL TAMPA FL TAMPA FL TAMPA FL T BROWN, RICHARD D 11720 SHELDON RD	IND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEEL ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE	ed when reinstating)	Change Addition Change Addition	

4. To hereby certify that the information supplied with this filling is voluntarily furnished and does not quality 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 appear with an address.

SIGNATURE:

HONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

116/16 Dayunio Prone #