

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 768677 (7)**
1. Corporation Name**NORTHSIDE PROPERTIES, INC. II**Principal Place of Business
**12512 BRUCE B. DOWNS
TAMPA FL 33612**
Mailing Address
**12512 BRUCE B. DOWNS
TAMPA FL 33612-9209**3. Date Incorporated or Qualified
05/31/1983
3a. Date of Last Report
05/01/1996

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2298392		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANLEY, DONALD W., Jr.
~~ONE N DALE MABRY #800~~
TAMPA FL-33609

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4809 E. Busch Blvd., Suite 104
83	
84 City	Tampa
85 Zip Code	FL 33617

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM J.	1.2 NAME	Nobles, Edgar
STREET ADDRESS	3804 GUNN HIGHWAY	1.3 STREET ADDRESS	2315 S. Occident
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, DONALD W., JR.	2.2 NAME	
STREET ADDRESS	ONE N DALE MABRY #800	2.3 STREET ADDRESS	4809 E. Busch Blvd., Ste. 104
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33617
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, F. MORRIS	3.2 NAME	Winton, Douglas
STREET ADDRESS	138 N MOON AVE	3.3 STREET ADDRESS	9400 N. 56th Street
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSUMS, STEPHEN W.	4.2 NAME	
STREET ADDRESS	307 S MAGNOLIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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. **Donald W. Stanley Jr., President**SIGNATURE: _____ 2-28-97 (813) 985-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047923

CR2E037 (9/96)