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

Mailing Address

123 NW 13TH ST.

2a. Mailing Address

City & State

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BOCA RATON FL 33432

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 123 NW 13TH ST

BOCA RATON FL 33432

Suite, Apt. #, etc.

SIGNATURE:

City & State

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2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

 \Box

4/14/98 561-392-9232

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified

06/21/1996

65-0664126

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003146 (5)

WATERSIDE FINANCIAL SERVICES, INC.

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name tesser, ted 123 NW 13TH ST Street Address (P.O. Box Number is Not Acceptable) SUITE 313 83 **BOCA RATON FL 33432** Zip Code City 85 11. Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 **Change** DELETE PVOC **PVOC** 1.1 TITLE TIBLE TESSER TESSER, TED 1.2 NAME 123 NW 13 That, NAME 1035 SPANISH RIVER RD., #106 1.3 STREET ADDRESS STREET ADDRESS 33432 **BOCA RATON FL 33432** 1.4 City-St-7iP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change . Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 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.