

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H15752** (9)

1. Corporation Name

SURFSIDE HOMES, INC.

Principal Place of Business

**8130 BAYMEADOWS CIRCLE WEST
SUITE 108
JACKSONVILLE FL 32256**

Mailing Address

**8130 BAYMEADOWS CIRCLE WEST
SUITE 108
JACKSONVILLE FL 32256**



2. Principal Place of Business

21 **13133 PROFESSIONAL DR.**

Suite, Apt. #, etc.

22 **STE. 100**

City & State

23 **JACKSONVILLE, FL 32225**

Zip

24 **32225**

Country

25 **USA**

2a. Mailing Address

26 **13133 PROFESSIONAL DR.**

Suite, Apt. #, etc.

27 **STE. 100**

City & State

28 **JACKSONVILLE, FL 32225**

Zip

29 **32225**

Country

30 **USA**

3. Date Incorporated or Qualified

08/03/1984

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2430689

Applied for

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

g. Name and Address of Current Registered Agent

**SABATIER, LOUIS
8130 BAYMEADOWS CIR. W. #108
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name
LOUIS SABATIER

82 Street Address (P.O. Box Number is Not Acceptable)
13133 PROFESSIONAL DR.

83 **STE. 100**

84 City
JACKSONVILLE

FL

85 Zip Code
32225

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

Signature typed or printed name of registered agent and for it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SABATIER, LOUIS E.
8130 BAYMEADOWS CIRCLE W
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

**PRESIDENT
LOUIS SABATIER
13133 PROFESSIONAL DR. STE. 100
JACKSONVILLE, FL 32225**

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96.

Signature #

CR2E034 (3/96)