

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H97967** (4)
1. Corporation Name
NORTHSIDE REALTY INC.



Principal Place of Business: **1175 SPRING CENTRE S. BLVD. ALTAMONTE SPRINGS FL 32714**
Mailing Address: **1175 SPRING CENTRE S. BLVD. ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified: **02/05/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **101 NICOLE LANE**
Suite, Apt. #, etc.
22
City & State
23 **LONGWOOD FL**
Zip
24 **32750** Country
25 **SEMINOLE** Zip
29 **32750** Country
30 **Seminole**

4. FEI Number: **59-2744085**
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

9. Name and Address of Current Registered Agent
**FALSTAD, DIANE H
152 MORNING GLORY DRIVE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent
81 Name: **KATHY VAN VLIET**
82 Street Address (P.O. Box Number is Not Acceptable): **101 NICOLE LANE**
83 **LONGWOOD**
84 City: **FL** 85 Zip Code: **32750**

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: *Kathy Van Vliet* 4/25/96
Date Registered Agent Signature Required when Applicable: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN VLIET, KATHLEEN A.	
STREET ADDRESS	101 NICOLE LANE	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FALSTAD, DIANE H.	
STREET ADDRESS	152 MORNING GLORY DR.	
CITY - ST - ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Van Vliet* 407-767-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Print)

CR2E034 (12/95)