

**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 SEHINOLE**  
Mailing Address: **26 101 NICOLE LANE**  
Suite, Apt. #, etc.: **27 LONGWOOD FL**  
City & State: **28**  
Zip: **29 32750** Country: **30 Seniole**

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 Filing: DATE

12. OFFICERS AND DIRECTORS

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

CR2E034 (12/95)