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

PROFIT CORPORATION ANNUAL REPORT 1999

NORTHSIDE REALTY INC.

1. Corporation Name

DOCUMENT # **H97967**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90246 027 ***150.00

Principal Place	e of Business	Mailing Address								
101 NICOLE LA	101 NICOLE LANE									
longwood fl	. 32750	LONGWOOD FL 32750 US			500	NOT WRITE IN TH	IIC CDACE			
US					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated o 02/05/1986	Qualifed			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
a. Trinopairi	add bi business	26			59-2744085			Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7	5 Additional		
	#, etc.	27			5. Certifcate of Status	Desired	•	Required		
City & State	Δ	City & State				6 Flection Campaign	inancino	\$5.0	0 May Be	
¬ ′	c				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country		Zip Country			8. This corporation owes the current year Intangible					
¬ `		29 30				Personal Property Tax.				
4	9. Name and Address of Curren	<u> </u>		T		10. Name and Address		ed Agent		
	5. Name and Address of Curren	i Negisterea Agent		81	Name					
FALS	STAD, DIANE H									
	MORNING GLORY DR		82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)					
	E MARY FL 32746			83						
E) (IVE	E NICHT TE GET TO			63						
				84	City			. 85 Z	ip Code	
	to the provisions of Sections 607.0502						F		, -	
agent. I a	to the provisions of sections out used. egistered agent, or both, in the State of maniliar with, and accept the obligate	ions of, Section 607.0505, Fl	orida Sta	tutes.	are corporation	on's board of directors. The	ob) doop, and app			
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E Registere	d Agent	t signature require	ed when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANG	ES TO OFFICERS			
TITLE	P	☐ DELETE	1.1 T	ITLE				Chang	ge Addition	
NAME	van vliet, kathleen a.		1.2 N	IAME						
STREET ADDRESS	101 NICOLE LANE		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	LONGWOOD FL		1.4 0	ITY-ST	-ZIP					
TITLE	VP	☐ DELETE	2.1 T	TLE				Chang	ge 🔲 Addition	
NAME	FALSTAD, DIANE H.		2.2 N	IAME						
STREET ADDRESS	152 MORNING GLORY DR.		2.3 5	TREET	ADDRESS					
CITY-ST-ZIP	LAKE MARY FL		2.40	CITY-S1	T-ZIP					
TITLE	to the law area a	☐ DELETE	3.1 T					☐ Chang	ge Addition	
NAME			3.2 N	IAME						
STREET ADDRESS					ADDRESS					
				CITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	_	TILE	1-211			Chan	ge .	
		<u> </u>		NAME				= .		
NAME					ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		רו מכו כדר		ITY-ST	I-ZIP			☐ Chang	ge Addition	
TITLE		☐ DELETE	- 4	ITLE IAME					- <u> </u>	
NAME	}		1		4000500					
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP				ITY-ST	I-ZIP			[7 AL	no Addition	
TITLE		☐ DELETE	6.1 T					Chang	ge	
NAME				IAME						
STREET ADDRESS]		6.3 5	TREET	ADDRESS					
			640	TV. 91	r 710					

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, with all other like empowered.

ath/een/an SIGNATURE: