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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J39726

(1)

SPRINGSIDE ENTERPRISES, INC.

Principal Pla 943 CLINT F BOCA RATO		Mailing Address 943 CLINT MOORE RD. BOCA RATON FL 33487-2802								
						3. Date Incorporated or Qualified 10/28/1986		te of Last 15/1996	•	_
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	1 04/		Applied For	\dashv
21			26			59-2732413 Not Applicab				ole
Suite, Ap	ol. #, etc.	Suite, Apt. #, etc.					<u></u>		Additional	
22		27				5. Certificate of Status Desired		+	Required	
City & St	ate	City & State				6. Election Campaign Financing		\$5.0	0 May Be	\neg
23		28				Trust Fund Contribution			d to Fees	
Zφ	Country	Zιρ	Cour	ntry		8. This corporation has liability for			s. 199.032,	
24	25	29	30				Yes			
	Name and Address of Curre EISE, MARTIN P.	ent Registered Agent		B1	Name	10, Name and Address of New Re	gistered	Agent		
	i3 Clint Moore RD. OCA RATON FL 33487			82 83 84	City	ress (P.O. Box Number is Not Acceptal	FL	B5 Zi	p Code	
office o	r registered agent, or both, in the Stat farn familiar with, and accept the obli	te of Florida. Such change wat gations of, Section 607.0505, I	s authorizeo Florida Statu	d by utes	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	ourpose of pt the app	f changing pointment a	its registered as registered) 1
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	
TITLE	CPT	DELETE	1.1 TiT	LE				☐ Change	e 🔲 Additi	ion
NAME	BERSON, ALAN S.		1.2 NA	1.2 NAME						Į.
STREET ADDRESS	,		1.3 STF	REET	ADDRESS					
CITY-ST-ZiP	MCLEAN VA		1.4 CIT	1.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	2 1 TIT	21 TITLE				Change	e 🔲 Additi	ion
NAME	BERSON, GERALD S.		22 NA	ME						
STREET ADDRESS			2.3 ST	REET	ADDRESS					-
CHY-S1-2IP	BOCA RATON FL		2.4 01	17 - S	T-ZIP					
11111	D	☐ DELETE	3.1 717	3.1 TITLE				Change	e 🔲 Additi	ion
NAME	HEISE, MARTIN P.		3.2 NA	ME						
STREET ADDRES			3.3 STI	reet	ADDRESS					
City-St-7iP	BOCA RATON FL		3.4. CI	*****	it - ZIP			-		
TITLE		L DELETE	4.1 TIT	LE	ľ			Change	e 🔲 Additi	ion
NAME			4. 2 N/	AME						
STREET ADDRESS	s		4.3 ST	REET	ADDRESS					- 1

14. I do hereby cortify 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 eirector 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 Pack 13 if chappers, or on an attachment with an address.

64 CITY - ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6 3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE

CFTY - S1 - ZIF

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CHTY-ST-78

HILE

TITLE NAME

ANDE AND TYPE OR PRINTED NAME OF SIGNAM OFFICER OR DIRECT

DELETE

DELETE

2/22/97

703 734-0902

☐ Change

Addition

Addition

FILED

Feb 28 1997 8:00am

Secretary of State

time Phone #