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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 155572

(8)

FILED Feb 27 1997 8:00am Secretary of State

| 1. Corporation Name SOUTH SIDE CONSTRUCTION, INC. Principal Place of Business Mailing Address 10760 N.W. 24TH STREET 10760 N.W. 24TH STREET CORAL SPRINGS FL 33065-3669 | | | | | | | | | | | | |
|--|---|----------------------------------|--|--------------------------------|---|--|------------|---|-----------|------------------|-----------------------------|---|
| | | | | | | | 3 | . Date incorporated or Qua | lified : | 3a. Date o | | Report |
| | 2. Principal Place of Business | | **** ******************************** | 2a. Mailing Address | | | | , FEI Number | | | A | pplied For |
| Suite, Ap | t # ole | | 26 Suite | , Apt. #, etc. | | | | 59-2769725 | | | | ot Applicable Additional |
| 22 | 1 #, 410 | | 27 | , Apr. #, 616. | | | 6 | , Certificate of Status Desire | ed [|] 4 | | equired |
| City & Sta | ate | | | \$ State | | | 6 | . Election Campaign Finance | ing | | \$5.00 | May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution | | | Added | to Fees |
| Ζφ | իդ | Country | Zip | | Cou | intry | 8 | . This corporation has liabil | | | | s 199 032 |
| 24 | 25 | Address of Cur | 29 rrent Registered | Agent | 30 | 1 | | Florida Statutes Name and Address of N | | es 🔲 N | | ··· |
| wr | TLIN, IRA M., ES | | TENT HOGISTORE | 79011 | | 81 Name | | , valle and real value of the | on mogra | tolou Ago | | |
| | 555 SOUTH DIXIE | | | | | 82 Street A | Address (| P.O. Box Number is Not Ac | oontable) | | | |
| | ITE 107 | | | | | OZ SHOELF | -tuuress (| F.O. DOX NUMBER IS NOT AC | ceptable) | | | |
| | AMI FL 33157 | | | | | 83 | | | | | | |
| | | | | | | 84 City | | | ····· | 18 | 5 Zip | Code |
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| OHICE D | | | iato at Florida, Su | ch channe was | authoriza | d by the corn | oration's | hoard of directors. I hereby | accent th | | | |
| SIGNATURE | | led ranne of registeres | tagesy and tilo if applic | abvi (NC | DTE Registere | d by the corp lutes. d Agent signature | | | | DATE | | |
| SIGNATURE | Signalize क्विन्त te pre | led ranne of registeres | | abre (NO | DTE Registered | d Agent signature | | | | DATE S AND DI | RECTO | RS IN 12 |
| SIGNATURE 12. THE | Stignature typed to pro- | OFFICERS | tagesy and tilo if applic | abvi (NC | DTE Registered 13. | d Agent signature i | | en reinstating) | | DATE S AND DI | | |
| SIGNATURE | D MARKOFF, S. | led same of regional of OFFICERS | tagesy and tilo if applic | abre (NO | 13. 1.1 TC | d Agent signature i | | en reinstating) | | DATE S AND DI | RECTO | RS IN 12 |
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I do 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 and cated 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.