

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

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L34352** (9)

1. Corporation Name  
**SUNTIDE CORPORATION**



Principal Place of Business  
**%CATALANO FISHER & GREGORY CHARTERED  
 4001 TAMiami TRAIL N. STE 404  
 NAPLES FL 33940**

Mailing Address  
**%CATALANO FISHER & GREGORY CHARTERED  
 4001 TAMiami TRAIL N. STE 404  
 NAPLES FL 33940**

3. Date Incorporated or Qualified <b>12/04/1989</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FEI Number <b>65-0187109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Subc. Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**CATALANO, FISHER & GREGORY, CHARTERED  
 4001 TAMiami TRAIL N, STE 404  
 NAPLES FL 33940**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSTONE, JUDITH G	
STREET ADDRESS	354 OAK AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	JOHNSTONE, M INGE	
STREET ADDRESS	<del>354 OAK AVE</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
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		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	273 SHORE DRIVE	
24 CITY-ST-ZIP	OZONA, FL 34660	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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 19.07(3)(k), Florida Statutes. I further certify that the information indicates I am an officer or director of the corporation or the receiver or trustee of the corporation 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 of the corporation and that my signature appears in Block 12 or Block 13. (Change) or only after amended filing.

SIGNATURE: *M. Inge Johnstone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **M. INGE JOHNSTONE 3/25/96**  
 UP/SECRET/TREAS

CR2E084 (12/95)