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

## **PROFIT CORPORATION** ANNUAL REPORT 1998

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # L6867 SIDE REAL ESTATE SER				<b>i</b> ll
Principal Place	e of Business	Mailing Address		·	Ш
PO BOX 21635 SARASOTA FL 34276 US		PO BOX 21635 SARASOTA FL 34276 US		DO NOT WRITE IN THIS SPACE	
[				3. Date Incorporated or Qualified	
2. Principal P	ace of Business	2a. Mailing Address	<del></del>	04/20/1990 4. FEI Number Applied F	For
21		26		<b>59-3012270</b> Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	nat
City & State		City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Feet	
Zıp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	e
24	25	29	30	Personal Property Tax due June 30. Yes No	
ļ	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
386 SAI	ARTIER, JACK 10 <del>-0-tamianii tr-ste-20</del> 7 <del>Pasota fl-04276 -</del>		82 Street 83 84 City	AARTIRE, JACK Address (P.O. Box Number is Not Acceptable) 5 ( Augring St.  FL 85 Zip Code 3423	3
SIGNATURE	Signature, typed or printed name of registered		authorized by the cororida Statutes.  E. Rogistered Agent signatur  13.	d corporation submits this statement for the purpose of changing its registry poration's board of directors. I hereby accept the appointment as register accept the appointment as register.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	DP OFFICERS /	DELETE	1.1 TITLE		Addition
NAME	CHARTIER, JACK		1.2 NAME	JACK WICHARTIER	
STREET ADDRESS	-3000 O TAMIAMI TR #207		1.3 STREET ADDRESS	3451 AUSTIN OT.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	SARASOTA, FL 34933	
TIRLE	V	☐ DELETE	2.1 TITLE		Addition
NAME	CHARTIER, MARTHA	<b>_</b> -	2.2 NAME	MARTHA CHARTIER	
STREET ADDRESS	3800 O TAMAMI TRISTE 2	107	2.3 STREET ADDRESS	3451 AUSTIN ST.	
CITY - ST - ZIP	SARASOTA FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	SARASOTA, FL. 34255	Addition
NAME		pitti	3.2 NAME	Citative City	MAINON
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change A	Addition
NAME		<del>-</del>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	- Change A	ddition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7IP		

14. I hereby certify that the information supplied with this filling 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 dorporation 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 granged, or on an attachment with an address.

6.1 TITLE 62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

**SIGNATURE:** 

Change Addition

**FILED** 

Apr 20 1998 8:00am

Secretary of State