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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M07675 (5)

1. Corporation Name

A. J. SIDE MORTGAGE AND TRUST COMPANY, INC.



Principal Place of Business

265 ATLANTIC ISLE
SUNNY ISLES FL 33160

Mailing Address

265 ATLANTIC ISLE
SUNNY ISLES FL 33160

2. Principal Place of Business

2a. Mailing Address

21 SID PENN AVE 26 P.O. BOX 1540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BRONSON, FL 27 BRONSON, FL

City & State

City & State

23 32621 25 USA 29 32621 30 USA

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDE, ALVIN J - CHANGE TO A.J. SIDE
265 ATLANTIC ISLE
SUNNY ISLES FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

SID PENN. AVE.

83

84 City

BRONSON

FL

85 Zip Code

32621

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the registered agent)

(If Filer Registered Agent Signature is required, attach here)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SIDE, A J
STREET ADDRESS 265 ATLANTIC ISLE
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ST ☐ DELETE

NAME SNOW, GAIL S
STREET ADDRESS 265 ATLANTIC ISLE
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

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SIGNATURE:

A. J. Side Pres.
A. J. Side

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