


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

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Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M60766 (6) 1. Corporation Name SEASIDE GROUP, INC.					
Principal Place of Business % RONALD L. TOMECEK 6001 SW 45 ST. DAVIE FL 33314			Mailing Address % RONALD L. TOMECEK 6001 SW 45 ST. DAVIE FL 33314-3634		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/14/1987 3a. Date of Last Report 02/02/1996 4. FEI Number 65-0023020 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TOMECEK, RONALD L. 6001 SW 45TH STREET DAVIE FL 33314			10. Name and Address of New Registered Agent 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 607.0502 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE PD NAME TOMECEK, RONALD L. STREET ADDRESS 6001 SW 45 ST. CITY-ST- ZIP DAVIE FL <input type="checkbox"/> DELETE TITLE SD NAME GOLDSTEIN, PAUL E. STREET ADDRESS 6001 SW 45 ST. CITY-ST- ZIP DAVIE FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE			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 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST- ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST- ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST- ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST- ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST- ZIP		



SIGNATURE: *Ronald L. Tomecek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

(978) 791-6800

Daytime Phone #

CR2E034 (9/96)