SECOND NOTICE: CORPORATION MOUNT DUE ON OR BEFORE 8/7/96: \$61.2 NONPROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPA Sandra Secreta		RE TO REINSTATE: \$236.25.) RTMENT OF STATE B. Mortham rry of State CORPORATIONS								
	MENT # N35 THSIDE CIVIC ASSOCIA	5285 ATION, INC.	(8)										
Principal Pto a	e of Business												
P.O. BOX 26 JACKSONVIL	234	P.O.	ng Address . BOX 26234 XSONVILLE FL 3222	6			, regin		inai Lâiâi		Bidil Bidil	UIBII VIQII Q) E
2 Principal P	Place of Business		4-N				11/1	orated or Qua 7/1989	lified	3a. Da		3/1995	:
21		28. M	lailing Address			- '	i. FEI Numbe 59-2	998577				Applied Not Apr	
Suite, Apt.		27	uite, Apt. #, etc.	*****	.,,-		6. Certificate	of Status Desire	ed			75 Additi	onal
City & State	е	28	ity & State			•		mpaign Financ	cing		\$5.	.00 May	Be
Zip	Country 25	Z ₁	p	Country 30		8		ation has liabili		tangible	tax und		
	9. Name and Address of Cu	urrent Register	ed Agent	81	Name			Address of No					
	DCEAN BLVD. MIC BEACH FL 32233			83		-							
11. Pursuant t	to the provisions of Sections 617 egistered egent, or both, in the S	.0502 and 617.1	1508, Florida Statute Such change was a	es, the above-	City	corporatio	n submits this	statement for	the purp	FL pose of c		Zip Code	
SIGNATURE _	to the provisions of Sections 617 egistered agent, or both, in the S m familiar with, and accept the o			- 1		corporatio oration's b	n submits this loard of direct	statement for ors. I hereby a	the purp ccept th	FL pose of c ne appoi		•	
SIGNATURE _	Signature, typed or printed name of registere	ed agent and title if app	plicable (NGT	es, the above- uthorized by to rida Statutes.	named on the corporate		n reinstaling)		·····	pose of c ne appoi	changing ntment i	g its regis as register	tered red
SIGNATURE _	Signature, typed or printed name of registere OFFICERS		plicable (NGT	es, the above- uthorized by to orida Statutes	named on the corporate		n reinstaling)	statement for ors. I hereby a	·····	pose of c ne appoi	changing ntment i	g its regisl as register TORS IN	tered red
SIGNATURE _ 12. TITLE NAME	Signature typed or printed name of registers OFFICERS PD BOSTWICK, VAL	ed agent and title if app	plicable (NOT DRS	es, the above- uthorized by the orida Statutes. E. Registered Agent	named on the corporate		n reinstaling)		·····	pose of c ne appoi	changin ntment	g its regisl as register TORS IN	tered red
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SIGNATURE _ 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BOSTWICK, VAL 1031 OCEAN BLVD. ATLANTIC BEACH FL 33 1VO HAWLEY, JOHN	ed agent and title if app S AND DIRECTO	Picable (NOT) PRS DELETE DELETE	es, the above- uthorized by torida Statutes. E Registered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET A 1.4 CITY-ST 21 TITLE 22 NAME	named of the corporation of the	1VD Doro	ADDITIONS/	CHANGES TO	OFFICE	DATE	changin ntment	g its register as register TORS IN	tered red
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature typed or proted name of registere OFFICERS PD BOSTWICK, VAL 1031 OCEAN BLVD. ATLANTIC BEACH FL 32 1VD HAWLEY, JOHN 3530 VICTORIA PARK R JACKSONVILLE FL 3221	ed agent and title if app S AND DIRECTO 2233 30AD APT. 12	Picable (NOT) PRS DELETE DELETE	es, the above- uthorized by torida Statutes E Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A	named of he corporation of the c	1VD Doro 341	ADDITIONS/	Mathi n Road	OFFICE as	pose of cie appoi	changing nhment	g its register as register TORS IN	tered red 12 Addition
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SIGNATURE: _

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

| Continue and type of printer hame of signing officer or director. | Continue and that my signature shall have the same legal effect as if the properties of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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| Continue and the properties of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my signature and that m 8/2/96 (904)246-5356 Dayting Phone 1