FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

1007.9.00am

The state of the s

ANN				ary of Stat		ONS	Secretary of State			
DOCU 1. Corporation	IMENT # N970	00000	1040	<u>, ,</u>			Scorca	ary or k	state	
SOUT	THSIDE BUSINESS A	SSOCIATION	, INC.							
Principal Place of Business Mailing Address										
6313	3 SOUTH DIXIE HIG F PALM BEACH FL 3	HWAY 6313	SOUTH DI	XIE I	HIG	HWAY				
MES.	FALM DEACH FL 3	ream cope	PALM BEA	CH, I	e Li	33405	Date Incorporated or Qualified	3a. Date of Last	Report	٦
							06/03/1996	<u> </u>	····]
2. Principal Place of Business 2a. Mailing Address 21							4. FEI Number 65-0679614	/ 	opplied For Not Applicable	-
Suite, Apt	#, etc	⊢ ¬	e, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	Additional	1
City & Sta	tte	27	& State			·	6. Election Campaign Financing		Required May Be	$\frac{1}{2}$
23	Country	Zip Zip		T	untry		Trust Fund Contribution	Added Added	to Fees	1
24	25 29 :			30	Jilliy		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of C	urrent Registered	l Agent		81	Name	10. Name and Address of New Re	gistered Agent		7
D										
CASOLARE, JOSEPH						Street Ad	ldress (P.O. Box Number is Not Acceptab	ole)		
	SOUTH DIXIE HIGH				63		/***			1
WEST	PALM BEACH, FL	33405			64	City	<u></u>	B5 Zip	Code	1
11. Pursuani	Lto the provisions of Sections 61	7.0502 and 617.15	508. Florida Statu	tes, the a	bove	-named co	orporation submits this statement for the p	FL burnose of channing	its registered	┨
office or agent 1.	registered agent, or both, in the am familiar with, and accept the	State of Florida, Sobligations of, Sec	uch change was stion 617.0503, Fl	authorize orida Sta	d by	the corpor	ration's board of directors. I hereby accept	ot the appointment a	s registered	1
SIGNATURE										
12.	Signature typed or printed name of region OFFICEF	red agent and title if appl S AND DIRECTOR		E: Registere	d Age	nt signature rec	quired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12	ി⊛
TILLE	D		DELETE	1.1 7	iTLE			☐ Change		CR2E037 (9/96)
NAME	CASOLARE, JOSEPH			1.2 NAME						37
STREET ADDRESS	6313 SOUTH DIXII	E HIGHWAY		135	TAEET	ADDRESS				
City-St-7iP	WEST PALM BEACH, FL 33405				ITY-S	T-ZIP				ĬŘ.
TOTAL	D DELETE			2.171				Change	Addition	O
NAME Observanted	JOHNS, LYNN P			2.2 N						
STREET ADDRESS COLY-S1-7/P	4100 SOUTH DIXI	E HIGHWAY				ADDRESS				1
THUE	WEST PALM BEACH	I, FI, 3340	5 DELETE	31 T	~	T-ZIP		Change	Addition	1
NAMI:	MOYA, MIKE			3.2 N		1				
STREET ADDRESS	4212 SOUTH DIXI	F HICHWAY		3.3 \$	TREET	ADDRESS				
CHY ST ZIP	WEST PALM BEACH	FL 3340	5	3.4.0	ITY-S	T-ZIP				╛.
THUE			DELETE	4111				☐ Change	Addition	J.C
NAME STREET ADDRESS				4 2 1		ADDRESS		P	X will	M
CITY ST ZIP					IHEEI ITY-SI	ADDRESS T. 7/P			TUN.	"
THE			DELETE	5.1 7				Change	Addition	1
NAMí				5.2 N	AME	1		•		
STREET ADDRESS				5.3 S	IREET	address				
City St ZiP			T NEVETE		TY-S	T- 2(P				1
TITLE NAME			DELETE	6 1 Ti 6.2 N			60000214	Change	Addition	
STHEET ADDRESS		•				ADORESS	6000021< -04/15/97010	110013		1
OTHER THE				1		L No.	***61.25			ſ

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this amnost 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 storaged, or on an attactment with an address.

SIGNATURE:

SUMATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/ 588 5505 Date