

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # P93000000623 (7)

1. Corporation Name

SOUTHBIDGE DEVELOPMENT, INC.

93 MAY -1 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9703 S. DIXIE HWY
SUITE 2A
MIAMI FL 33156

9703 S. DIXIE HWY
SUITE 2A
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
01/05/1993

3a. Date of Last Report
08/26/1994

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

4. FFI Number
65-0384173

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSEY, HENRY L JR.
9703 SOUTH DIXIE HWY
SUITE 2A
MIAMI FL 33156

B1. Name

B2. Street Address (P.O. Box Number is Not Applicable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4)(b), Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office (reincorporation) and, as 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name)

Signature of New Registered Agent (Print Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP
DP MASSEY, HENRY L JR. 9703 S. DIXIE HWY., SUITE 2A MIAMI FL 33156				
NAME	STREET ADDRESS	CITY <td>STATE</td> <td>ZIP</td>	STATE	ZIP
NAME	STREET ADDRESS	CITY <td>STATE</td> <td>ZIP</td>	STATE	ZIP
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NAME	STREET ADDRESS	CITY <td>STATE</td> <td>ZIP</td>	STATE	ZIP

1. NAME	1. STREET ADDRESS	1. CITY	1. STATE	1. ZIP	☐ Change	☐ Addition
2. NAME	2. STREET ADDRESS	2. CITY	2. STATE	2. ZIP	☐ Change	☐ Addition
3. NAME	3. STREET ADDRESS	3. CITY	3. STATE	3. ZIP	☐ Change	☐ Addition
4. NAME	4. STREET ADDRESS	4. CITY	4. STATE	4. ZIP	☐ Change	☐ Addition
5. NAME	5. STREET ADDRESS	5. CITY	5. STATE	5. ZIP	☐ Change	☐ Addition
6. NAME	6. STREET ADDRESS	6. CITY	6. STATE	6. ZIP	☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct and does not apply for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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. All changes are effective as of the date of this corporation or the date of incorporation or the date of this report as required by Chapter 162, Florida Statutes, and that my name appears in block 12 or block 13 or changed, or both, as required by an address.

SIGNATURE:

Henry Massey Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 3 1995

305 669-4090