CORP	rofit Oration Al Report		Sa	DEPARTMENT ( andra B. Mortha ecretary of State	וד			
1996			DIVISIO	DIVISION OF CORPORATIONS				
DOCUM 1. Corporation N	IENT # P	9300005	5223	(0)				
C.F. SO	UTH SIDE CORP	PORATION		•		FITASIAAN INT SANAA SININ AANIN AANIN	AANIA AANA: ANAN ANI	A 4444 11484 HII (861
Principal Place of	of Business	Mailu	ng Address	and as the very live and agreement and an arrangement and arrangement arrangem				
4014 S. SEMDI SUITE 4 ORLANDO FL		SU	75 South or ITE 510 ILANDO FL 32			3. Date Incorporated or Qualified	1	Last Report
US 2. Principal Plac	on of Business	2n h	lailing Addre			08/06/1993 4. FEI Number	05/01	/1995 Applied For
2. Frincipa: Flac	Le Oi Busilless	26	annig Addres			59-3220028		Not Applicable
Suite, Apt #.	etc	27 S	uite, Apt. #, ε	tc.		5. Certificate of Status Desired	□ \$ <sup>1</sup>	8.75 Additional Fee Required
City & State			ity & State			Election Campaign Financing     Trust Fund Contribution		55.00 May Be Added to Fees
Zip	Country	Z	ıp	<u> </u>	intry	This corporation has liability for Florida Statutes	intarigible tax u	
24	25 9. Name and Addres	29   ss of Current Register	ed Agent	30		10. Name and Address of New R	- L	
SIX ORI	nistorad agent, or both	one 607 0500 and 607	Such change	า was ละเป็นดย่อย	84 City	ddress (PO Box Number is Not Accepta orporation submits this statement for the pration's board of directors. Thereby acceptation's board of directors.	FL 85	a na its repistered
SIGNATURE		of registered agent and the if a				eque taher teastalegi	DATE	
12.	DST	FFICERS AND DIRECT		13. ETE 117	ITLE :	ADDITIONS/CHANGES TO OFF		ECTORS IN 12 Change Addition
NAME	MILLER, FRED H			ľ	1	Miller, Food N. 8261 Breeze Cou	,	
STREET ADDRESS	6400 BANNER C				TREET ADDRESS	8261 Breeze Cove	Lane	_
CITY-ST-ZIP TITLE	URLANDU FL 32	221	DEL	1.4 C ETE 211	ITLE	Vice President		Change Addition
NAME				1	IAME	Octobe R 32819 Via President Rodger W. Miller 1506 Sheddan Fourt K Tampa, FL 33629		
STREET ADDRESS					TREET ADDRESS	1506 Sheddan Forth		
CITY-ST-ZIP TITLE			DEI	ETE 311	ITLE	rampi , pre = No sy		Change Addition
NAME					IAME			
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY - ST - ZIF			
THLE			DE		HILE			Change Addition
NAME STREET ADDRESS					NAME STREET ADDRESS			ļ
STREET ADDRESS CITY - ST - ZIP				1	DITY - ST-ZIP			
TITLE			DEI		IITLE			Change Addition
NAME STREET ADDRESS					KAME STREET ADDRESS			
CITY-ST-ZIP				5.4	017Y - ST - ZIP			
TITLE			DE	<b>■</b> *	TITLE		Ĺ	Change Addition
NAME STREET ADDRESS					NAME STREET ADORESS			
CITY - ST - ZIP				6.4	CHTY - ST - ZIP			
( (d) 1 - 21 - 21 - 1				tarily funished	and does not	qualify for the exemption stated in Section	119.07(3)(k), F	iorida Statutas I
14. I do hereb further cer made unde	tify that the information er oath, that I am an off	lind cated on this annu	al report or si orporation or	upplemental and the receiver or	iual report is tr trustee empow	ue and accurate and that my signature st rered to execute this report as required by	na': riave the sar	ne legai errect as ir 🔠