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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058323 (5)

SIDELINE ENTERPRISES, INC.

P.O. BOX 61893 ORLANDO FL 3285 Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Principal Place of Business 3	660 ROSEMERE C								MEG 1851 (1991
DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 98/16/1993 2. Principal Place of Business 2. Maining Address 2. Principal Place of Business 2. Suite, Apt. #, etc 3. Date incorporated or Qualified 98/16/1993 2. FEI Number 3. Date incorporated or Qualified 98/16/1993 2. FEI Number 3. Date incorporated or Qualified 98/16/1993 98/1994 98/18/16/1993 98/18/16/1993 98/18/16/1993 98/18/16/1993 98/18/16/1993 98/18/16/1993 98/18/16/1993 98/18/16/16/16/16/16/16/16/16/16/16/16/16/16/		Principal Place of Business Mailing Address 660 ROSEMERE CIR P.O. BOX 616883							
2. Principal Place of Business	CHEMICO IL GO		ORLANDO FL 32961				DO NOT HIBITE IN THIS SPACE		
Section Sect								IIS SPACE	 1
Principal Place of Business 2a. Mailing Address 593195049 Not Applied For Not Applied For Suite, Apt #, etc. Suite, Apt #, et							f ·		Ì
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Soute, Apt. #, etc.	2. Principal Place of	of Business	2a. Mailing Address					A	oplied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Soute, Apt. #, etc.	21		26				59-3195049	N	ot Applicable
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Signature by printed raine of Engineered Agent agent agent agreemed when renstating) Title Title DV Signature by printed raine of Engineered Agent agent agreemed and printed agreemed when renstating) Title DV NAME BUTLER, MICHAEL D 65. Election Campaign Financing Trust Fund Contribution Added to Fees No Personal Property Tax due June 30 Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent BUTLER, MICHAEL D 680 ROSEMERE CIR ORLANDO FL 32835 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes B6 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607 0505. Florida Statutes B7 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607 0505. Florida Statutes B8 Zip Code 11. Pursuant to the provisions of Sections 607 0505. Florida Statutes B8 Zip Code 11. Pursuant to the provisions of Sections 607 0505. Florida Statutes B8 Zip Code 11. Pursuant to the provisions of Sections 607 0505. Florida Statutes B8 Zip Code 11. Pursuant to the provisions of Sections 607 0505. Florida Statutes B8 Zip Code 12. B5 Zip Code 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DV DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE DV DELETE 11 TITLE ST DELETE 21 TITLE ST DELETE 22 TITLE ST DELETE 23 SIRRET ADDRESS 600 ROSEMERE CIR 23 SIRRET ADDRESS 600 ROSEMERE CIR 24 CITY ST ZP ORLANDO FL 32835 24 CITY ST ZP ORLANDO FL 32835			Suite, Apt. #, el				r		
28	22						5. Carmode of Galago Seaffed		-`
Zip Country Zip Country Zip Country Sip Signature (Country Signature Expense) Country Signature (Country Signature Expense) Signature (Country Signature (Country Signature Expense) Signature (Country Signature (Country Signature (Country Signature (Country Sig									
25 29 30 Personal Property Tax due June 30. Personal Property Tax		Country			untru				
BUTLER, MCHAEL D 860 ROSEMERE CIR ORLANDO FL 32835 11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statutes, the itbove-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Signature bytes or printed name at registered agent and the Lappinable (NOTE Registered Agent signature required when remainating) DPV OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV BUTLER, MICHAEL D STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 14 CITY-ST-ZIP ORLANDO FL 32835 22 NAME STREET ADDRESS 600 ROSEMERE CIR 22 STREET ADDRESS 600 ROSEMERE CIR 23 STREET ADDRESS 600 ROSEMERE CIR Change Addition Addition Addition RME STREET ADDRESS 600 ROSEMERE CIR Change Addition Change CIR Change CIR Change CIR CHANDO FL 32835		├ ── ′	<u>├</u>	<u>├</u> —┐	илиц				'
BOTTLER, MICHAEL D SIGNATURE 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV DELETE 1.1 TITLE DPV DELETE 1.1 TITLE ST ORLANDO FL 32835 1.4 City FL 85 Zip Code FL 86 Zip Code FL 86 Zip Code FL 86 Zip Code FL 87 Zip Code FL 86 Zip Code FL 87 Zip Code FL 88 Zip Code			11	[30]					3 103
B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code B4 City FL B5 Zip Code B5 City FL B5 Zip Code B6 City FL B5 Zip Code B7 City FL B5 Zip Code B7 City FL B5 Zip Code B7 City FL B5 Zip Code B8 City FL B5 Zip Code B9 C	RIME	R MICHAFI D			81	Name			
ORLANDO FL 32835 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statiutes, the inbove-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 types or prince have all regulated agent and title Lary-linable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV DELETE 1.1 TITLE Change Addition AME SITRET ADDRESS OFLANDO FL 32835 1.4 CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP ORLANDO FL 32835 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP ORLANDO FL 32835					82	Stroot Addro	se (P.O. Poy Number is Not Acceptable)		
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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title Carphinable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS I 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV DELETE 1.1 TITLE Change Addition BUTLER, MICHAEL D 1.2 NAME STREET ADDRESS 600 ROSEMERE CIR 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE ST DELETE 2.1 TITLE Change Addition NAME BUTLER, MARY S 2.2 NAME STREET ADDRESS 680 ROSEMERE CIR 2.3 STREET ADDRESS 5.2 STREET ADDRESS 680 ROSEMERE CIR 2.3 STREET ADDRESS 5.2 STREET ADDRESS 5.2 STREET ADDRESS 5.2 STREET ADDRESS 5.3 STREET ADDRESS 5					102	Street Addre	ss (F.O. Box Number is Not Acceptable)		Ì
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 familiar and tregolated agent and title Largeheable. (NOTE Registe ed Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV					83				
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 familiar and tregolated agent and title Largeheable. (NOTE Registe ed Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV					BA	City		les Zin	Code
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 Statules. SIGNATURE Signature typed or printed famoust registered agent and title. Larydinable (NOTE: Registered Agent signature required when reinstating) DATE					"	Oity	F	:L [8] 2.5	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPV DELETE 1.1 TITLE Change Addition NAME BUTLER, MICHAEL D 1.2 NAME STREET ADDRESS 680 ROSEMERE CIR 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE ST DELETE 2.1 TITLE Change Addition NAME BUTLER, MARY S 2.2 NAME STREET ADDRESS 680 ROSEMERE CIR 2.3 STREET ADDRESS 680 ROSEMERE CIR 2.3 STREET ADDRESS 680 ROSEMERE CIR 2.3 STREET ADDRESS 680 ROSEMERE CIR 2.4 CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP	office or registe agent. I am fam	ered agent, or both, in the State on iliar with, and accept the obligat	of Florida. Such change ions of, Section 607.05	e was authoriz i05, Florida St	ed by atutes.	the corporatio	on's board of directors. I hereby accept the	appointment as	ts registered registered
TITLE						n signature requirer			
NAME BUTLER, MICHAEL D 12 NAME 13 STREET ADDRESS 680 ROSEMERE CIR 14 CITY-ST-ZIP							ADDITIONS/CHANGES TO OFFICERS		
### STREET ADDRESS ### GROUNDERS ### CIR	,				}		C Containing or		
CITY-ST-ZIP ORLANDO FL 32835 1.4 CITY-ST-ZIP TITLE \$T DELETE 2.1 TiTLE Change Addition NAME BUTLER, MARY S 22 NAME STREET ADDRESS 680 ROSEMERE CIR 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP									ì
TITLE \$T DELETE 2.1 TITLE Change Addition NAME BUTLER, MARY S 22 NAME						1			ĺ
STREET ADDRESS 660 ROSEMERE CIR 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP			DELE					Change	Addition
CITY-ST-ZIP ORLANDO FL 32835 2.4 CITY-ST-ZIP	NAME B	UTLER, MARY S		22	NAME	(į
	STREET ADDRESS 6	80 ROSEMERE CIR		2.3	STREET A	ADDRESS			
TIRE DELETE 31 TITLE Change Addition	CITY-ST-ZIP C	ORLANDO FL 32835		2. 4	CITY-SI	r - ZIP			
	TITLE		DELE	TE 31	TITLE			Change	Addition
NAME 37 NAME	NAME			37	NAME	}			ļ
STREET ADDRESS 3.3 STREET ADDRESS	STREET ADDRESS			3.0	STREET A	ADDRESS			
CITY-ST-ZIP 3-4 CITY-ST-ZIP						T - ZIP			
	1	•			}			L_ Addition	
NAME 4. 2 NAME	1								ļ
	1				1				
STREET ADDRESS 4 3 STREET ADDRESS			Dec. E			- ZIP		Chance	T Adding
CITY-ST-ZIP 4.4 CITY-ST-ZIP			☐ D£16	1				∟ ∟ ∟nange	☐ Abdition
CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TiTLE Change Addition	NAME STREET ADDRESS					Annesse			J

5 4 CITY-ST-ZIP

E.4 CITY - ST-ZIP

61 TITLE

6.2 NAME € 3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

14. Ihereby certify that the information supplied with this filing does not qualify one exemption stated in Section 119.07(3)(i), Florida Statutes: I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

MARY 5 BITTER MARY S. BUTLER 5. Buttle SECRETARY / TREASURER
PED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR 407/294-7632 Date

FILED

May 18 1998 8:00am

Secretary of State

A RECKARDO COR CONTRO MALLA REGION CONTRA CONTRA CARROL CALLO CARROL CALLO CARROL CONTROL CONT

Change Addition