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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 17 1997 8:00am

Secretary of State

Daytime Phone

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300064813 (7)

NORTHSIDE COMPUTER SERVICES, INC.

Principal Place of Business Mailing Address 580 W. BTH ST., STE. #910 580 W. 8TH ST., STE. #910 JACKSONVILLE FL 32209 JACKSONVILLE FL 32209-6533 3. Date Incorporated or Qualified 3a. Date of Last Report 09/17/1993 03/19/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address **Applied** For 59-3201891 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLLINS, CLYDE M JR. 233 E. BAY STREET, #920 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stor after: Expedict proded name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10.6 DELETE 1.1 TITLE Change Addition DEMIRANDA, EDWARD G NAME 1.2 NAME 580 W. 8TH ST., #910 STREET ACOURTS 1.3 STREET ADDRESS JACKSONVILLE FL 32209 0114 - \$1 - 712 1.4 CITY - ST - ZiP X DELETE Int: F 2.1 TITLE ☐ Change Addition WOESTE, JOHN T M.D. 2.2 NAME 580 W. 8TH ST., #910 STREET ACTORESS 2 3 STREET ADDRESS Jacksonville FL 32209 CHY+\$1+702 2 4 CITY-ST-ZIP DELETE Trick 3.1 TITLE ☐ Change Addition SANDEFUR, MARK V NAME 3 2 NAME 580 W. 8TH ST., #910 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32209 CEIV-S1-7P 3.4. CITY - ST - ZIP DELETE DILE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZiP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition Litte NAMi 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE HILF 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP 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 armual 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 B-ock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

BALLY 197

Date

Dayline Phone \*

Date

Dayline Phone \*