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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000026551

PORTSIDE DEVELOPMENT, INC.

Feb 04, 1999 8:00 am **Secretary of State**

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| Principal Place of Business Mailing Address 15901 OLD OLGA ROAD ALVA FL 33920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For | | | | | | | | | |
|--|---|---------------------|---------|---|--|--|--|--|--|
| ALVA FL 33920 ALVA FL 33920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O4/07/1994 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State Country Countr | Principal Place of Business Mailing Address | | | () DETINGE ING LENN GENT GENT GENT GENT GENT GENT GENT G | | | | | |
| 2. Principal Place of Business 2. Malling Address 2. Principal Place of Business 2. Applied For 3. 65-0531298 Suite, Apt. #, etc. Suite, Apt. #, etc. 2. City & State City & State City & State 2. Country Zip Country Zip Country 2. Country 3. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent SVOBODA, CHERYL A SVOBODA, CHERYL A 15901-OLD OLGA ROAD ALVA FL 33920 Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Fea Required \$5.00 May Be Added to Fees Added to Fees Added to Fees Not Applicable \$5.00 May Be Added to Fees Added to Fees Not Acceptable 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALVA FL 33920 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Added to Fees Country SVOBODA, CHERYL A SVOBODA, CHERYL A Light State Suite, Apt. #, etc. Suite of Status Desired Fee Required Suite of Status Desired Suite of Status Desired Fee Required Suite of Status Desired Suite of Status Desired Fee Required Suite of Status Desired Suit | | | | 04/07/1994 | | | | | |
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| 22 City & State 28 Country Zip Country Zip Country Zip Country Zip Country Solution Added to Fees And Address of Current Registered Agent SVOBODA, CHERYL A SVOBODA, CHERYL A SVOBODA, CHERYL A ALVA FL 33920 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Street Address (P.O. Box Number is Not Acceptable) | 21 | | | | | | | | |
| Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent SVOBODA, CHERYL A 15901 OLD OLGA ROAD ALVA FL 33920 Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 83 | | | | 5 Certificate of Status Desired | | | | | |
| 24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent SVOBODA, CHERYL A POSSON OLD OLGA ROAD ALVA FL 33920 83 Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 83 | ─ | —¬ | | | | | | | |
| 9. Name and Address of Current Registered Agent SVOBODA, CHERYL A 15901 OLD OLGA ROAD ALVA FL 33920 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 | Zip Country | Zip C | Country | | | | | | |
| SVOBODA, CHERYL A 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) ALVA FL 33920 83 | | | | | | | | | |
| SVOBODA, CHERYL A 15901 OLD OLGA ROAD ALVA FL 33920 82 Street Address (P.O. Box Number is Not Acceptable) 83 | <u></u> | | | | | | | | |
| 15901 OLD OLGA ROAD ALVA FL 33920 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | | | Name | | | | | |
| [1] [1] [1] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 | 15901 OLD OLGA ROAD | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 84 City 85 Zip Code | | | | 83 | | | | | |
| the same and the s | | , | 84 Cit | City FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3,223 | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | |
| _ <u></u> | | | | | | | | | |

| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). | | | | | | | | |
|---|--|--------------------|---|---------------------|---|--|--|--|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | ORS IN 12 | | | |
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| NAME | SVOBODA, CHERYL A | 1.2 NAME | | • | , | | | |
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| NAME . | AND TO BE SEED OF THE SEED OF | 6.2 NAME | · · · | 4, | . } | | | |
| STREET ADDRESS | TREATH CONTRACTOR | 6.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ing the second of the second o | 6,4 CITY-ST-ZIP | <u> </u> | |] | | | |

14. I hereby certify that the information supplied with this filling does not qualify for the 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, with all other like empowered.

boda ECHERYL A. SVOBODA 1-18-99 941-694-565