

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 18 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000065113 (0)

1. Corporation Name  
MARSHSIDE, INC.



Principal Place of Business  
10991-28 SAN JOSE BLVD  
JACKSONVILLE FL 32223  
US

Mailing Address  
8160 MERGANSER DRIVE  
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last Report 06/19/1996
4. FEI Number 59-3270479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
25	30

9. Name and Address of Current Registered Agent  
SLAGLE, SUSAN  
4190 BELFORT ROAD  
SUITE 240  
JACKSONVILLE FL 32216

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SLATTERY, MARY R
STREET ADDRESS	8160 MERGANSER DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	D <input type="checkbox"/> DELETE
NAME	SLATTERY, JOHN M
STREET ADDRESS	8160 MERGANSER DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002247156-3
1.3 STREET ADDRESS	-07/24/97-01107-0016
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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 or changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
Signature and typed or printed name of signing officer or director. Date: 7/15/97  
908-268-5558

CR2E034 (4/97)

Licensee of

# The Great Frame Up<sup>2-8</sup>®

Systems, Inc.

10991-28 San Jose Blvd.  
Jacksonville, FL 32223

July 15, 1997

904-268-5858

State of Florida  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

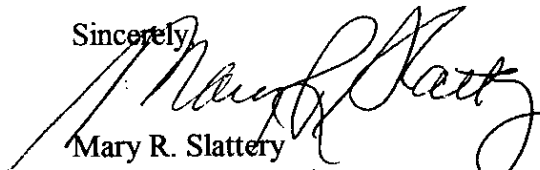
**RE: MARSHSIDE INC. - P94000065113 (O)**

This is to inform you that your "2nd Notice" to file the 1997 Profit Corporation Annual Report was, in fact, the *very first* notification received. I called the offices of my registered agent - Susan Slagle - to see if they had received it, but they have nothing on record. They indicated that they often receive the 2nd notice, but not the first.

Therefore, I then telephoned your offices regarding this situation and the concern to avoid this happening again in the future. I was instructed to file the return enclosing a check for \$165.00 with this letter of explanation. I do request and hope that you will consider this to be a legitimate request for waiver of the late fee as I file all government forms and taxes in a prompt matter and would not have overlooked this document had I received it.

Thank you very much for your consideration.

Sincerely,



Mary R. Slattery  
President - Marshside Inc.  
dba The Great Frame Up