

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000069543 (4)**

1. Corporation Name

**NORTHSIDE 4X4 INC.**



Principal Place of Business

**2297 GULF TO BAY CLEARWATER FL 34625**

Mailing Address

**2297 GULF TO BAY CLEARWATER FL 34625-4002**

3. Date Incorporated or Qualified

**09/19/1994**

3a. Date of Last Report

**03/22/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-3278737**

Applied For

Not Applicable

6. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**SPOKAS, CYNTHIA F  
 2297 GULF TO BAY  
 CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD**  DELETE  
 NAME: **SPOKAS, ADOLPH A JR**  
 STREET ADDRESS: **2297 GULF TO BAY CLEARWATER FL**

TITLE: **ST**  DELETE  
 NAME: **SPOKAS, CYNTHIA F**  
 STREET ADDRESS: **2297 GULF TO BAY CLEARWATER FL**

TITLE: **D**  DELETE  
 NAME: **KLINE, DONALD**  
 STREET ADDRESS: **10443 ROSE MOUNT DR TAMPA FL**

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **VD**  Change  Addition  
 1.2 NAME: **SPOKAS, ADOLPH A, JR.**  
 1.3 STREET ADDRESS: **2297 GULF TO BAY CLEARWATER, FL**

2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY - ST - ZIP:

3.1 TITLE: **PD**  Change  Addition  
 3.2 NAME: **KLINE, Donald**  
 3.3 STREET ADDRESS: **13313 OREGON AVE TAMPA, FLA.**

4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY - ST - ZIP:

6.1 TITLE:  Change  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 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia F. Spokas* **CYNTHIA F. SPOKAS** 4-30-97 (813) 931-2569  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)