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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000069543 (4)

NORTHSIDE 4X4 INC.

FILED May 07 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address			I 16 BY 14 BY 16 TO SECULD IN BOOK DO HE COLUT		
2297 GULF TO BAY CLEARWATER FL 34625		2297 GULF TO BAY CLEARWATER FL 34625-4002					
VCENTION ETT					3. Date Incorporated or Qualified 09/19/1994	3a. Date of La 03/22/199	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	L	Applied For
1		26			59-3278737		Not Applicat
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired	1 1 7	75 Additional e Required
City & State)	City & State		···········	6. Election Campaign Financing		.00 May Be
3		28			Trust Fund Contribution		ded to Fees
Z _i p	Country	Zip	Countr	у	8. This corporation has liability for it		fer s. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	pistered Agent	
	KAS, CYNTHIA F		81	Name			
	GULF TO BAY		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
CLEA	ARWATER FL 34625		_	ļ			
			83	3			
			84	City		85	Zip Code
						FL "	
CONTAINING.							
	Signature, typical or printed name of registered			gent signature red	guired when reinstating)	DATE	7000 11140
12.	OFFICERS A	AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
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ITLF	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	Š	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
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ia. 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 receivier or trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Plock 13 if changed, or on an attachment with an address.

SIGNATURE

MULICA JOLOS CY NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT A E SPOKAS

4-30-97

(813) 931-256