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

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Zip

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000035365 (2)

Country

DOCKS BY DOCKSIDE, INC.

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Principal Place of Business Mailing Address 6061 28TH AVE SW 6061 28TH AVE SW NAPLES FL 33999 NAPLES FL 34116-7444 3. Date Incorporated or Qualified 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0580393 21 26 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing

8. This corporation has liability for intangible tax under s. 199.032. Yes No 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANKNEY, JEANIE 6061 28TH AVE SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999

> 83 84

Country

City 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	Sign if Pe, typed or printed name of registered agent and tilled applicable	(NOTE Re	igistered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	***************************************	13.	ADDITIONS/CHAP	IGES TO OFFICERS AND	DIRECTOR	RS IN 12
THIE		PELETE	1.1 TITLE			Change	Addition)
NAME	ANKNEY, JEANIE		1,2 NAME				
STREET ADDRESS	6061 28TH AVE SW		1.3 STREET ADDRESS				}
City - \$1 - ZiP	NAPLES FL 33999		1.4 CITY - ST - ZIP				
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14. I do 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

SIGNATURE:

FILED

Apr 18 1997 8:00am

Secretary of State

Trust Fund Contribution

Applied For

Added to Fees

Not Applicable