

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039354 (2)

1. Corporation Name

WATERSIDE OFFICE CORP.



Principal Place of Business

3530 FIRST AVENUE, NORTH
SUITE 118
ST. PETERSBURG FL 33713

Mailing Address

3530 FIRST AVENUE, NORTH
SUITE 118
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3335209

Applied For

Not Applicable

5. 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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 NAYS STREET XXXX

TALLAHASSEE FL 32301-2525

14550 BRUCE B. DOWNS BLD.

#229

TAMPA, FL. 33613

81 Name

ELI KOLP

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

14550 BRUCE B. DOWNS BLVD.

83

3229

84 City

TAMPA

FL

85 Zip Code
33613

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 ☐ DELETE

NAME DP
KOLP, ELI
STREET ADDRESS 3401 BURLINGTON WOOD COURT
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME DST
JOERSS, ANASTASIA
STREET ADDRESS #1 BEACH DRIVE SOUTHEAST, #1310
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☒ Addition

1.2 NAME DP
KOLP, ELI
1.3 STREET ADDRESS 14550 BRUCE B. DOWNS BLVD.
1.4 CITY-ST-ZIP TAMPA, FL. 33549

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME DV
H. LANO MOSLEY
2.3 STREET ADDRESS 3530 1st Ave. N.
2.4 CITY-ST-ZIP St. Petersburg, FL. 33713

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DV
CERARDL Freidman
3.3 STREET ADDRESS 3530 1st AVE.NO.
3.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33713

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DST
KOLPAKCHI, ZENAIDA
4.3 STREET ADDRESS 14550 BRUCE B. DOWNS BLVD.
4.4 CITY-ST-ZIP TAMPA, FL. 33713

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/96

977-1780

CR2E034 (12/95)