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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000039354 (2)

WATERSIDE OFFICE CORP.



	of Business	Mailing Address						
	/enue. North	3530 FIRST AV	ENUE. NORTH					
SUITE 118	IDO EL 00310	SUITE 118 St. Petersbu	DC EL 93713					
st. Petersbu	JNG FL 33713	SI. PETERSOU	NO PL 33/13		 Date Incorporated or Qual 05/17/1995 	ified 3a. D	ate of Last Re	port
Principal Pla	ce of Business	2a. Mailing Addr	ess	······································	4. FEI Number		A	pplied For
		26			59-3335	209	I N	lot Applicab
Suite, Apt. #	, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desire	× 🗆		Additional Required
Oity & State		City & State			Election Campaign Finance Trust Fund Contribution	ing 🔲		May Be to Fees
Zīp	Country 25	- Ζιρ 29	30	ountry		Yes No		199.032,
	g, Name and Address of Co	urrent Registered Agent			10. Name and Address of h	lew Registere	d Agent	
r/Aen∩n	LALUM CEDULE CONTIDANY	,		81 Name	ELI, KOLP			
CORPORATION SERVICE COMPANY 1201, MAYS STREET XXX 1455		45 <u>5</u> 9 ₂ ВRUCE В.			ELI KOLP LAndress (P.O. Box Number is Not Acceptable) 550 BRUCE B. DOVINS BLVD.			
AHAMAK	PARTICIDATE SERVICE MANAGEMENT	#229 AMPA, FL. 3361		3229	9		. ,	
TAME					MPA	F	L 33	3613
. Pursuant to	o the provisions of Sections 607.	.0502 and 607.1508, Florid	la Statutes, the at	oove-nameo co	rporation submits this statement for t board of directors. I hereby accept th	ne purpose of	changing its re	egistered of
		a digital to be not been in bully the discret	INCHE Hogiston	er en itangia Jaega Agent	quired when reinstating)			
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4. 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. Furner 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 paringed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING PEFICER OR DIRECTOR

19/96 974.1780