

**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 # P95000046162 (0)**

1. Corporation Name  
**OAKS BAYSIDE, INC.**



Principal Place of Business: **2033 MAIN STREET, SUITE 104 SARASOTA FL 34237**  
Mailing Address: **2033 MAIN STREET, SUITE 104 SARASOTA FL 34237**

3. Date Incorporated or Qualified: **06/14/1995**  
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0623562**  
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: **VENABLE, JOSEPH P 1400 4TH AVE. WEST BRADENTON FL 34205**  
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (85) Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---------------------------------|---|--|
| TITLE: <b>PO</b>                          | <input type="checkbox"/> DELETE | 1.1 TITLE: <b>D</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>VENABLE, JOSEPH P</b>            |                                 | 1.2 NAME:   |  |
| STREET ADDRESS: <b>1400 4TH AVE. WEST</b> |                                 | 1.3 STREET ADDRESS:                                   |  |
| CITY-ST-ZIP: <b>BRADENTON FL 34205</b>    |                                 | 1.4 CITY-ST-ZIP:                                      |  |
| TITLE:                                    | <input type="checkbox"/> DELETE | 2.1 TITLE: <b>P</b>                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME:                                     |                                 | 2.2 NAME: <b>PIERO RIVOLTA</b>                        |  |
| STREET ADDRESS:                           |                                 | 2.3 STREET ADDRESS: <b>215 ROBIN DR.</b>              |  |
| CITY-ST-ZIP:                              |                                 | 2.4 CITY-ST-ZIP: <b>SARASOTA, FL 34236</b>            |  |
| TITLE:                                    | <input type="checkbox"/> DELETE | 3.1 TITLE: <b>VP</b>                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME:                                     |                                 | 3.2 NAME: <b>ROD CONNELLY</b>                         |  |
| STREET ADDRESS:                           |                                 | 3.3 STREET ADDRESS: <b>2033 MAIN ST., #104</b>        |  |
| CITY-ST-ZIP:                              |                                 | 3.4 CITY-ST-ZIP: <b>SARASOTA, FL 34237</b>            |  |
| TITLE:                                    | <input type="checkbox"/> DELETE | 4.1 TITLE: <b>S/T</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME:                                     |                                 | 4.2 NAME: <b>DAWN THOMPSON</b>                        |  |
| STREET ADDRESS:                           |                                 | 4.3 STREET ADDRESS: <b>2107 - 49th avenue, West</b>   |  |
| CITY-ST-ZIP:                              |                                 | 4.4 CITY-ST-ZIP: <b>Bradenton, FL 34207</b>           |  |
| TITLE:                                    | <input type="checkbox"/> DELETE | 5.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME:                                     |                                 | 5.2 NAME:   |  |
| STREET ADDRESS:                           |                                 | 5.3 STREET ADDRESS:                                   |  |
| CITY-ST-ZIP:                              |                                 | 5.4 CITY-ST-ZIP:                                      |  |
| TITLE:                                    | <input type="checkbox"/> DELETE | 6.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME:                                     |                                 | 6.2 NAME:   |  |
| STREET ADDRESS:                           |                                 | 6.3 STREET ADDRESS:                                   |  |
| CITY-ST-ZIP:                              |                                 | 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: \_\_\_\_\_ DATE: **4-18-96** DAYTIME PHONE #: **954-0355**

CRE034 (12/95)