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**Feb 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 34237-6049**

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

FL

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

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 **D** DELETE
NAME **VENABLE, JOSEPH P**
STREET ADDRESS **1400 4TH AVE. WEST**
CITY-ST-ZIP **BRADENTON FL**

TITLE **P** DELETE
NAME **PIERO RIVOLTA**
STREET ADDRESS **215 ROBIN DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** DELETE
NAME **ROD CONNELLY**
STREET ADDRESS **2033 MAIN ST. 104**
CITY-ST-ZIP **SARASOTA FL**

TITLE **ST** DELETE
NAME **DAWN THOMPSON**
STREET ADDRESS **2107 49TH AVE. W.**
CITY-ST-ZIP **BRADENTON FL**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **P/T** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **V/S** Change Addition
3.2 NAME **RENZO RIVOLTA**
3.3 STREET ADDRESS **215 ROBIN DRIVE**
3.4 CITY-ST-ZIP **SARASOTA, FL 34236**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PIERO RIVOLTA**

1-27-97

941 954-0355

CR2E034 (9/96)