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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000069220 (8)

THE WATERSIDE ROOM, INC.

Prin	icipai Piace	; OI	Busii
216	SARASOTA	OU	IAY

Mailing Address

ME CADACOTA OHAV

FILED Jan 28 1997 8:00am Secretary of State



SARASOTA FL 34236		SARASOTA FL 34236-4843						
					3. Date Incorporated or Qualified 09/08/1995	3a. Date of 02/29/1	Last Report	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied F	For
21		26			65-0607200		Not Appli	licable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Addition Fee Required	
City & Sta	ite	Crty & State			6. Election Campaign Financing	5	5.00 May B	——— 3e
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax u	under s. 199.0)32,
24	25	29	30			Yes No		
	9. Name and Address of Cura	rent Registered Agent			10. Name and Address of New Re	gistered Ager	ıt	
	rseo, John		8	1 Name				
C/0	NICKS ON THE WATER		8:	2 Street Add	fress (P.O. Box Number is Not Acceptab	le)		
230	SARASOTA QUAY		L					
SAF	rasota fl 34236		8:	3				
			8	4 City		85	Zip Code	
				` ``',		FL °°	1	
 Pursuant office or agent. It 	t to the provisions of Sections 607.0 registered agent, or both, in the St arn familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was digations of, Section 607.0505, Fl	tes, the abo authorized t orida Statuti	ve-named cor by the corpora es.	rporation submits this statement for the patients board of directors. I hereby acceptation's	urpose of cha- of the appointn	nging its regis vent as registe	stered ered
SIGNATURE		4.0				DATE		
12.	Signature typed or princed harm of registered OFFICE RS 2	AND DIRECTORS	13.	genr signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTORS IN 1	2
TITLE	D	DELETE	1 1 TITLE		ADDITIONO/OFFAINGED TO OFF IO			Addition
NAME	PERSEO, JOHN		12 NAM	1			· · •	
STREET ADDRESS	ALC CARLOCTA CHAV			ET ADDRESS				
CITY - ST - ZIP	SARASOTA FL 34236		1.4 CITY			. 1		
TITLE	D	DELETE	2.1 TITLE				Change A	Addition
NAME	SANTARELLI, DOMINIC		2.2 NAM					
STREET ADDRESS	ALC CARACOTA CULAV		1	ET ADDRESS				
CITY-ST-ZP	SARASOTA FL 34236		2. 4 CITY					
TITLE	D	DELETE	3.1 TITLE				Change A	Addition
NAME	CALDWELL, FRANK L	the second like	3.2 NAMI			`.		
STREET ADDRESS	DAG DADACOTA OLIAV			ET ADDRESS				
CITY-S1-ZIP	SARASOTA FL 34236		3.4. CITY	1				
TITLE	D	DELETE	4.1 TITLE			П	Change I A	Addition
NAME	CALDWELL, JEAN A	best State II	4. 2 NAM					
STREET ADORESS	SAS SABASSTA SULLY			ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34236		4.3 SINC 4.4 City	ì				
TITLE	D	DELETE	5.1 TITLE				Change	Addition
NAME	ALLEN, JANET		5.2 NAM			_		
STREET ADDRESS	ALA ALBIANTI NILLY			ET ADDRESS				
	SARASOTA FL 34236							
D/TY - ST - Z)P	ALKENDA ILI 1 E ALEAA	☐ DELETE	5.4 CITY 6.1 TITLE				Change A	Addition
		C) occur					راسا مهرست	- special I
NAME PIRELLARGORA			6.2 NAM					
STREET ADDRESS			I	ET ADDRESS				
CITY - SI - ZIP			6.4 CITY	-ST-ZIP				

14. If 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 of 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 option attachment with an address.