

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P95000096344 (3)

1. Corporation Name

TIDE GROUP, INC.

Principal Place of Business

Mailing Address

1195 N. MILITARY TRAIL, SUITE A-202  
WEST PALM BEACH FL 33409

1195 N. MILITARY TRAIL, SUITE A-202  
WEST PALM BEACH FL 33409



2. Principal Place of Business

2a. Mailing Address

21 1707 Village Blvd  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 110

27 Suite, Apt. #, etc.

23 West Palm Beach, FL  
City & State

28 City & State

24 33409  
Zip

25 Palm Beach  
Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIDE, WILLIAM B  
1195 N. MILITARY TRAIL, SUITE A-202  
WEST PALM BEACH FL 33409

81 Name

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

1707 Village Blvd #110

83 BUILDING 2

84 City West Palm Beach, FL

85 Zip Code 33409

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 re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME TIDE, WILLIAM B  
STREET ADDRESS 1195 N. MILITARY TRAIL, SUITE A-202  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1707 Village Blvd #110  
1.4 CITY-ST-ZIP West Palm Beach, FL. 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 19.07(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 #

4-1-96 407-650-2029

CR2E034 (12/95)