

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000096344 (3)**

1. Corporation Name  
**TIDE GROUP, INC.**



Principal Place of Business  
**1707 VILLAGE BLVD.  
110  
WEST PALM BEACH FL 33409**

Mailing Address  
**1195 N. MILITARY TRAIL SUITE A-202  
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

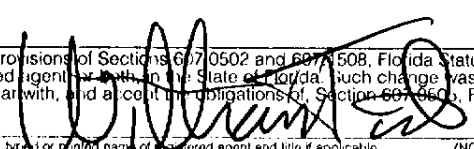
2. Principal Place of Business	2a. Mailing Address
21 <b>1195 NORTH MILITARY TRAIL</b>	26 <b>222 LAKEVIEW AVENUE</b>
Suite, Apt. #, etc. 22 <b>A-202</b>	Suite, Apt. #, etc. 27 <b># 160-222</b>
City & State 23 <b>WEST PALM BEACH, FL</b>	City & State 28 <b>WEST PALM BEACH, FL</b>
Zip 24 <b>33409</b>	Zip 29 <b>33401</b>
Country 25 <b>U.S.A.</b>	Country 30 <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>12/18/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0624308</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TIDE, WILLIAM B  
1707 VILLAGE BLVD #110  
BUILDING 2  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent
81 Name <b>TIDE, WILLIAM B.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>222 LAKEVIEW AVENUE</b>
83 <b>SUITE 160-222</b>
84 City <b>WEST PALM BEACH</b>
85 Zip Code <b>FL 33401</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent within 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 607.0502, Florida Statutes.

SIGNATURE  DATE **7-29-97**

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TIDE, WILLIAM B</b>	
STREET ADDRESS <b>1707 VILLAGE BLVD. #110</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33409</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>TIDE, WILLIAM B.</b>	
1.3 STREET ADDRESS <b>1195 NORTH MILITARY TRAIL</b>	
1.4 CITY-ST-ZIP <b>SUITE A-202 WEST PALM BEACH, FL 33409</b>	
2.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b></b>	
2.3 STREET ADDRESS <b></b>	
2.4 CITY-ST-ZIP <b></b>	
3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b></b>	
3.3 STREET ADDRESS <b></b>	
3.4 CITY-ST-ZIP <b></b>	
4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b></b>	
4.3 STREET ADDRESS <b></b>	
4.4 CITY-ST-ZIP <b></b>	
5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b></b>	
5.3 STREET ADDRESS <b></b>	
5.4 CITY-ST-ZIP <b></b>	
6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b></b>	
6.3 STREET ADDRESS <b></b>	
6.4 CITY-ST-ZIP <b></b>	

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 in an attachment with an address.

SIGNATURE  DATE **7-29-97**

CR2E034 (4/97)