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May 19 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 # **P96000036461 (7)**

1. Corporation Name
PARKSIDE HOMES, INC.

Principal Place of Business	Mailing Address
~~STE. 100, 1700 N. UNIVERSITY DR.~~ ~~CORAL SPRINGS FL 33071~~ 3300 University Dr. #408 Coral Springs FL 33065	~~STE. 100, 1700 N. UNIVERSITY DR.~~ ~~CORAL SPRINGS FL 33071-6069~~ 3300 University Dr. #408 Coral Springs FL 33065

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 3300 University Dr	26 3300 University Dr.	04/26/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 408	27 Suite 408	65-0680983	
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 Coral Springs FL	28 Coral Springs FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 33065 / 25	29 33065 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILINGS, INC. **3732 NW 16TH ST.** **FT. LAUDERDALE FL 33311**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRODIE, SIDNEY STE. 100, 1700 N. UNIVERSITY DR. CORAL SPRINGS FL 33071 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAHLEY, THEODORE ~~STE. 100, 1700 N. UNIVERSITY DR.~~ ~~CORAL SPRINGS FL 33071~~ ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 3300 University Dr. #408 Coral Springs FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARGO, NEAL ~~STE. 100, 1700 N. UNIVERSITY DR.~~ ~~CORAL SPRINGS FL 33071~~ ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 3300 University Dr. #408 Coral Springs FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARTNER, LEE B ~~STE. 100, 1700 N. UNIVERSITY DR.~~ ~~CORAL SPRINGS FL 33071~~ ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 3300 University Dr. #408 Coral Springs FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.