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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000066824 (9)**

appears in Block 12 or Block 13 if changed, or on ag

WATERSIDE FUTURES, INC. Principal Place of Business Mailing Address 5811 PELICAN BAY BLVD SUITE 205 5811 PELICAN BAY BLVD SUITE 205 NAPLES FL 34108-2710 NAPLES FL 34108-2710 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 05-068512 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be m 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent ADDress Charge 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED Comolo Money 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 City NAPLES 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 families with, and accept the obligations of Section 607.6505, and destatutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6)13. DELETE Change Addition TITLE 1.1 TITLE PAGANO, MARY P PAGANO, MANY P. R2E034 1.2 NAME MAME 5811 PELICAN BRY BIND Suite 205 9578 CRESCENT LAKE DRIVE, SUITE 201 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34109 1.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET AODBESS 2. 4 CITY-ST-ZIP CITY - \$1 - 26 DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST- 2IF DELETE [ ] Change 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-7IP DELETE 5.1 TITLE Change Addition THE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 001Y-S1-7P DELETE Change Addition 6.1 TITLE 1111 E 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CsTY+S1+ZIP 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 application is the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name