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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 27 1997 8:00am Secretary of State

1997

DOCUMENT # P96000086299 (0)

SOUTHRIDGE ENT., INC.

Principal Prace of Business Mailing Address					- I SOUNDEN HAR HOUSE ONLY OLDS BOWN HOWS DOUBLE FIND BIND HOUSE HOUSE		
13355 NORTHWEST 11 PLACE SUNRISE FL 33323			POST OFFICE BOX 17894 PLANTATION FL 33318-7894				
					3. Date Incorporated or Qualified 10/18/1996	3a. Date of L	ast Report
	ace of Business	2a. Mailing Address			4. FEI Number 07007	55	Applied For
Suile, Apt.	t etc			··	65 0 100 1	e o	Not Applicable 75 Additional
22	, otc	27			5. Certificate of Status Desired	F	ee Required
City & State 23	9	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Cour	itry	8. This corporation has liability to		
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New R	tegistered Agent	
AMERILAWYER CHARTERED				81 Name			
343 ALMERIA AVENUE			-	82 Street Address (P.O. Box Number is Not Acceptable)			
COF	RAL GABLES FL 33134			B3	· · · · · · · · · · · · · · · · · · ·		
			}	84 City		85	Zip Code
44 0	40.5.	0100 4 007 4500 Fly de 01-	4 4 4b - ab			FL °°	sian ita sasiatarad
office or n	egistered agent, or both, in the Si	usoz and 607, 1508, Florida sta tate of Florida. Such change wa	iutes, me an is authorized	ove-named cor by the corpora	poration submits this statement for the ation's board of directors. I hereby according to the control of the co	ept the appointme	int as registered
agent Lai	in familiar with, and accept the of	oligations of, Section 607 0505,	Florida Statu	ites.			
SIGNATURE	Signature, typed or printed name of registered	d arrest and title it appointable. (A	MTF: Registered	Actes alcoholus teau	ulred where reinstating)	DATE	
12.		AND DIRECTORS	13.	rigoric digitation response	ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE	PSTD	DELETE	1.1 TiT	.E		☐ Ch	
NAME	BANKLEY, REID W		1.2 NA	ue I			
STREET ADORESS	13355 NORTHWEST 11 PL	ACE	1.3 \$TF	EET ADDRESS			
CHTY-ST-20P	SUNRISE FL 33323	- · · · -	1.4 CIT	Y - ST - ZIP			
TITLE		DELETE	2.1 TIT			Ch	ange Addition
NAME			2.2 NA	AE			
STREET ADDRESS			2.3 ST	EET ADDRESS			
CITY - ST - ZIP			2 4 CI	Y-S1-ZIP			
TITLE		DELETE	3.1 TIT	.E		☐ Ch	iange 🔲 Addition
NAME			3.2 NA	AE .			
STREET ADDRESS			3.3 ST6	EET ADDRESS			
C/TY - S1 - ZIF			3.4. CI	Y-ST-ZIP			
TITLE		DELETE	4.1 1(1)	.E	•	Ch	ange [Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 ST	EET ADDRESS			
CITY-S1-ZIP				Y-ST-ZIP			
THLE		DELETE	5 1 TIT	1		Ch Ch	ange 🔲 Addition
NAME			52 NA	1			
STREET ADDRESS				IEET ADDRESS			
CITY-ST-ZiP	- AAIM-1	ГТаруаза		Y-ST-ZIP		——————————————————————————————————————	
TITLE		DELETE	6.1 YIT			□ Ch	ange
NAME.			6.2 NA	ì			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	.,,		6.4 CIT	Y-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Rejo BANKLEY

ATTENANTOR OF THE OF TH

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