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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089487

SOUTHSIDE, INC.

Principal Place of Business

Mailing Address

1417 MIDDLE RIVER DR

1417 MIDDLE RIVER DR

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90047 050 ***150.00



FT LAUDERDALE FL 33304		FORT LAUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	1		
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2. Principal Pla	ace of Business	2a. Mailing Address	-		4. FEI Number		lied For	Ç.
21		26			65-0745400	Not	Applicable	Ş
Suite, Apt. #	# etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	_, \$8.75 ∧		¥.
ouite, Apt. 7	,, 5.6.	27			5. Certificate of Status Desired	Fee Rec	uired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
–	•	28			Trust Fund Contribution	Added to	Fees	
23	Country	Zip	Country		8. This corporation owes the current year In	ntangible		
Zip		<u></u>			Personal Property Tax.	∐ັYes [□No	
24	25	_	<u> </u>		10. Name and Address of New Registered	Agent		
	9. Name and Address of Current	Likegistered Agent	81	Name				
NEH!	S, ALBERT	*	Ľ.					
SC 4417	MIDDLE RIVER DR			Street Add	iress (P.O. Box Number is Not Acceptable)	•		
	MIDDLE RIVER DR			<u> </u>	THE RESERVE THE PROPERTY OF TH	1		
FIU	AUDERDALE FL 33304	*	83		사는 하는 사람들이 되었다. 그 사람들은 한 경우 등 수가 있는 것을 모르는 것 같다. 그 사람들은 사람들은 기를 모르는 것 같습니다. 그 것 			
		• •	84	City		85 Zip C	ode	
				1 1	_Fi		,	
44 Pursuant I	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	s, the abov	e-named_corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its	registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	thorized by	the corporat	ion's board of directors. I hereby accept the appo	nntment as reg	Jistereu	1
agent. I ar	n familiar with, and accept the obligat	ions or, section 607.0505, Florid	ua Statutes	•		1 ' ' '		ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Registered Age	nt signature requir	red when reinstating) DATE			1
	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	٤
12.	DPS ·	□ DELETE	1.1 TITLE			' Change	☐ Addition	3
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NAME	NIELS, ALBERT					,		
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CITY_ST_ZIP	l		0.4 (31)	91-77L		<u> </u>		ı

I 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, with all other like empowered.

SIGNATURE