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Mailing Address

4621 GANDY BOULEVARD

PROFIT CORPORATION ANNUAL REPORT

1997

Bace of Business

GANDY BOULEVARD

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000090229 (1)

SOUTHSIDE PERFORMANCE, INC.

TAMPA FL 33611 TAMPA FL 33611-3305 3. Date Incorporated or Qualified 3a. Date of Last Report 11/04/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3 40768a Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No Country Zip Country 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED Leavis 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 В3 B4 am 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 Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I gorfamiliar with, and accept the objections of Section 607.0505, Florida Statutes. SIGNATURÉ (NOTE flegistered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 DILE TITLE REAVIS, GEORGE G 1.2 NAME NAME 4621 GANDY BOULEVARD 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.11016 CONFORTI, JOSEPH M 2.2 NAME NAME 4621 GANDY BOULEVARD 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33611 CITY-ST-ZIP 2.4 CITY - ST - ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - 2IP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE

6.4 CITY - ST - ZIP. 14. Ido hereby certify that the information supplied with this filling 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 logal 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 iged, on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST- ZIP

Change

Change

Addition

Addition

FILED

Jun 09 1997 8:00am

Secretary of State