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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000066757 (0)

CHANNELSIDE BUILDING, INC.

Principal	Place	o	Business

## **FILED** May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Į.	Mailing Address				i inalitâti ilă		11 BB11B B111	andrina de esta	
1112 CHANNELSIDE DR. 1112 CHANNELSIDE DR.											
TAMPA FL 33602 TAMPA FL 33602			DO NOT WRITE IN THIS SPACE								
							9 Date Incorno	rated or Qualified	CIN I I III	SPACE	
							,				
2. Principal P	lace of Business		a. Mailing Address				07/25/199	<u> </u>			
21		26	וֹ				70.3	460185		<del></del>	pplied For
Suite, Apt. #, etc. Suite. Apt.			Suite, Apt. #, etc.	#. etc.				100100			lot Applicable Additional
22		27	7				5. Certificate of	Status Desired			Additional
City & State	9		City & State				6. Election Cam	poigo Eipopoino			
23			28			Trust Fund C				May Be to Fees	
Zip	Counti		Zip	Country		· · · · · · · · · · · · · · · · · · ·		ion owes or has pa			
24	25	29		30	•			perty Tax due June			No
	g, Name and Addre			1001		· · · · · ·		ddress of New Re			
AGI	JANO, JOHN J				81	Name				· · · · ·	
	N. TAMPA ST., STE	: 2630				D					
	APA FL 33602	2000			82	Street	Address (P.O. Box Number is Not Acceptable)				
170	III A 1 L 33002			Ì	83					· · · · · · · · · · · · · · · · · · ·	
									<del></del> -		
				i	84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sec	lions 607.0502 and	607 1508. Florida Statu	tes the at	nove	-namer	d corporation submits this	statement for the n	urnocco of	changing	ite registered
Office of r	egistered agent, or boil	h, in the State of Flor	nda. Such change was i	authorizad	vd b	the cor	rporation's board of direct	ors. I hereby accep	t the app	ointment as	registered
_	rri t <b>a</b> iminar wiin, and acc	epi the obligations	of, Section 607.0505, FI	iorida Stati	utes						ŀ
SIGNATURE	Signature, typed or printed name	e of registered agent and til	lic il applicable (NO)	If: Registered	LAger	or signatur	e required when reinstating)	·	DATE		<del></del> .
12.		FEICERS AND DIRE		13.		ii oigilala		HANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TIT	LE.					Change	Addition
NAME	WARE, WILLIAM E			1.2 NA	ME						
STREET ADDRESS	1112 CHANNELSII			1.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33602			1.4 0(1				•			
TITLE	D		DELETE	21717			<u> </u>		-	Change	Addition
NAME	EDINGTON, DON		2.2 N/		2.2 NAME						
STREET ADDRESS	1112 CHANNELSII	DE DR.	2.3 STR		3 STREET ADDRESS						
CITY-ST-ZIP	<b>TAMPA FL 33602</b>			2. 4 CI							
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STREET ADDRESS				•		ADDRESS					
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TITLE			DELETE	6.1 TITE	_	211	<del>                                     </del>	·		Change	☐ Addition
NAME				6.2 NAI						0.12.180	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CIT							
OILL OILTH				0.4 UH	1-51	· 200	i				I .

14. 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.