


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90047 040 \*\*\*150.00

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Hagg</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # P98000053407</b><br>1. Corporation Name<br><b>WATERSIDE-OSBORNE CORP.</b>   |  |   |  |
| Principal Place of Business<br><b>3105 WEST WATERS AVENUE #300</b><br><b>TAMPA FL 33614</b>   |  | Mailing Address<br><b>3105 WEST WATERS AVENUE #300</b><br><b>TAMPA FL 33614</b>   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country  |  |
| 24 25   |  | 29 30   |  |
| 9. Name and Address of Current Registered Agent<br><b>KOLP, ELI M</b><br><b>3105 WEST WATERS AVENUE #300</b><br><b>TAMPA FL 33614</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code   |  |
| 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>PD KOLP, ELI M</b><br>STREET ADDRESS <b>3105 WEST WATERS AVENUE #300</b><br>CITY-ST-ZIP <b>TAMPA FL 33614</b>  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>VD FRIEDMAN, GERALD</b><br>STREET ADDRESS <b>3105 WEST WATERS AVENUE #300</b><br>CITY-ST-ZIP <b>TAMPA FL 33614</b>   |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>STD KRASNERMAN, MICHAEL</b><br>STREET ADDRESS <b>3105 WEST WATERS AVENUE #300</b><br>CITY-ST-ZIP <b>TAMPA FL 33614</b>   |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |  |

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, with all other like empowered.

SIGNATURE:

*Gerald Friedman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/29/99

817-921-9005

CR2E034 (11/98)