PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherino Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90113 004 ***150.00

	MENT # P98000 STSIDE, INC.	1099923			
Principal Plac	e of Business	Mailing Address		i idātiādē ķād idiād rātir dētis dalik adsir dātir	SASPE INTEN ENTEN FINANCE
625 NE 36TH A	VE.	625 NE 36TH AVE.			
OCALA FL 3447	ro o	OCALA FL 34470		DO NOT WRITE IN THE	S SPACE
				3. Date incorporated or Qualifed	3 51 AGE
_				12/01/1998	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59 3544913	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		0, 00,	Fee Required
City & Stat	to _	City & State		6. Election Campaign Financing	\$5.00 May 8e
23	Country		Country	Trust Fund Contribution	Added to Fees
Zip	25	·	Country	 This corporation owes the current year in Personal Property Tax. 	rrangiole ☐ Yes ☐ No
24	9. Name and Address of Curre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Registered	
	v. Hallie alle Plante		81 Name		
	T, ALI		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
4531 NE FT. KING ST.		BZ Street Addit	SS (F.O. DOX Relition is Not Acceptable)		
OCAL	LA FL 34470		83		
			84 City		85 Zip Code
			1-1	F	
11. Pursuant office or a agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 807.0505, Florid	s, the above-named comparison	poration submits this statement for the purpose on's board of directors. I hereby accept the appoint	
11. Pursuant office or i agent. I a	an tamillar with, and accept the cong	20015 GI, 340001 007.0300, FIDIN	s, the above-named corp horized by the corporate la Statutes.	conation submits this statement for the purpose of on's board of directors. I hereby accept the appoint	
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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 files empowered.

SIGNATURE: __