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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101767

1. Corporation Name SIESTA BEACHSIDE INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2000 WEBBER STREET SARASOTA FL 34239

Mailing Address 2000 WEBBER STREET SARASOTA FL 34239

3. Date Incorporated or Qualified 12/03/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number [X] Applied For [] Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. [] Yes [] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHEN F. VOIGHT, P.A. 2414 BEE RIDGE ROAD SARASOTA FL 34239

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE 4-19-99

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 and 2.1-2.4 (Title, Name, Street Address, City-ST-ZIP) and Change/Addition checkboxes.

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: [Signature] SIGNATURE REQUIRED

4-19-99 (941) 312-0500

CR2E034 (11/98)