SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:07

DOCUMENT # **S47451** **(7)**

1. Corporation Name
STATESIDE PROPERTIES CORPORATION

Principal Place of Business	Mailing Address
2660 AIRPORT RD NAPLES FL 33940-2456	2660 AIRPORT RD NAPLES FL 33940-2456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1991	3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0262942	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4001 Tamiami Trail North	26 4001 Tamiami Trail North
Suite, Apt. #, etc. 22 Suite 330	Suite, Apt. #, etc. 27 Suite 330
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip / Country 24 33940 / 25 USA	Zip / Country 29 33940 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOLPE, MICHAEL J. 2660 AIRPORT ROAD SUITE 203 CITIZENS SQ NAPLES FL 33940	81 Name: Michael J. Volpe, Esquire 82 Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North 83: Suite 330 84 City: Naples FL 85 Zip Code: 33940

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] 6-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☐ Change ☐ Addition
NAME	STEVENS, JOHN H.	12 NAME		
STREET ADDRESS	50 SEAGATE DR	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BERLET, FRED	22 NAME		
STREET ADDRESS	PH 03 SEAGATE DR	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	SVD	31 TITLE	SVD	☒ Change ☐ Addition
NAME	CERNEY, STEVEN	32 NAME	Cerney, Steven E.	
STREET ADDRESS	107 EATON SQ.	33 STREET ADDRESS	175 Cumberland Street, Apt. 1408	
CITY-ST-ZIP	LONDON, ENG. SWINSAA	34 CITY-ST-ZIP	Toronto, Ontario, CANADA M5R 3M9	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	STEVENS, ROBERT	42 NAME		
STREET ADDRESS	1901 GALLEON DR	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	VOLPE, MICHAEL J.	52 NAME	Volpe, Michael J.	
STREET ADDRESS	2660 AIRPORT RD	53 STREET ADDRESS	4001 Tamiami Trail North, Ste. 330	
CITY-ST-ZIP	NAPLES FL 33962	54 CITY-ST-ZIP	Naples, Florida 33940	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] JUNE 14/95 (813) 642-6709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107632 CP