

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S47451** (7)

1. Corporation Name

STATESIDE PROPERTIES CORPORATION



Principal Place of Business

**4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940
US**

Mailing Address

**4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940
US**

3. Date Incorporated or Qualified
04/22/1991

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOLPE, MICHAEL J. E
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 33940**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when not existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	STEVENS, JOHN H.	
STREET ADDRESS	50 SEAGATE DR	
CITY- ST- ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERLET, FRED	
STREET ADDRESS	PH 03 SEAGATE DR	
CITY- ST- ZIP	NAPLES FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	CERNEY, STEVEN	
STREET ADDRESS	175 CUMBERLAND ST. APT 1408	
CITY- ST- ZIP	TORONTO ON	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEVENS, ROBERT	
STREET ADDRESS	1901 GALLEON DR	
CITY- ST- ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VOLPE, MICHAEL J.	
STREET ADDRESS	4001 TAMiami TRAIL NORTH, STE 330	
CITY- ST- ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)(k), 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:

John H. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9 / 96 (941) 649-6709
DATE DAYSTIME

CR2E034 (12/95)