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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES FL 33940 US	4001 TAMIAMI TRAIL NORTH SUITE 330 NAPLES FL 34103-3555 US

3. Date Incorporated or Qualified: **04/22/1991**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business	2a. Mailing Address
21 **5801 Pelican Bay Blvd.**	26 **5801 Pelican Bay Blvd.**
Suite, Apt. #, etc. 22 **103**	Suite, Apt. #, etc. 27 **103**
City & State 23 **Naples, FL**	City & State 28 **Naples, FL**
Zip 24 **34108** Country 25 **Collier**	Zip 29 **34108** Country 30 **Collier**

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

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, type or print 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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, JOHN H.	1.2 NAME	
STREET ADDRESS	50 SEAGATE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERLET, FRED	2.2 NAME	
STREET ADDRESS	PH 03 SEAGATE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SVD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CERNEY, STEVEN	3.2 NAME	
STREET ADDRESS	175 CUMBERLAND ST. APT 1408	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ROBERT	4.2 NAME	
STREET ADDRESS	1901 GALLEON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VOLPE, MICHAEL J.	5.2 NAME	
STREET ADDRESS	4001 TAMIAMI TRAIL NORTH, STE 330	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #