

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V60897 (8)
 1. Corporation Name
SUNSIDE OF FLORIDA COMPANY



Principal Place of Business 161 SE 17TH TERR SUITE J-3 CAPE CORAL FL 33980 US	Mailing Address 161 SE 17TH TERR SUITE J-3 CAPE CORAL FL 33990-2220 US
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2. Principal Place of Business 21 101 SW 52 ND TERRACE	2a. Mailing Address 26 101 SW 52 ND TERRACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CAPE CORAL, FLORIDA	City & State 28 CAPE CORAL, FLORIDA
Zip 24 33914	Country 25
Country 29 33914	Zip 30

3. Date Incorporated or Qualified 08/31/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0354874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KEITH, LYMAN W
 161 SE 17TH TERR
 SUITE J-3
 CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name QUENTER KLEIN
82 Street Address (P.O. Box Number is Not Acceptable) 101 SW 52 ND TERRACE
83
84 City CAPE CORAL
85 Zip Code FL

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 607.0506, Florida Statutes.

SIGNATURE *(Signature)* **(KLEIN) DPST APRIL 28, 1997**

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

12. OFFICERS AND DIRECTORS

TITLE DPS	<input checked="" type="checkbox"/> DELETE
NAME KEITH, LYMAN W	
STREET ADDRESS 161 SE 17TH TERR	
CITY-ST-ZIP CAPE CORAL FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME KEITH, LYMAN W	
STREET ADDRESS 161 SE 17TH TERR	
CITY-ST-ZIP CAPE CORAL FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME QUENTER KLEIN	
1.3 STREET ADDRESS 101 SW 52 ND TERRACE	
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914	
2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME QUENTER KLEIN	
2.3 STREET ADDRESS 101 SW 52 ND TERRACE	
2.4 CITY-ST-ZIP CAPE CORAL, FL 33914	
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 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)* **(KLEIN) April 28 1997 941-549-0031**

CR2E034 (9/96)