

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 JUL 17 AM 9:12

DOCUMENT # V72108 (6)
 1. Corporation Name
EASTSIDE DEVELOPMENT, INC.

Principal Place of Business Mailing Address
6209 GRANT STREET 6209 GRANT STREET
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 **6209 Grant St** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 City & State City & State
 23 **Hum Fla** 28
 Zip Country Zip Country
 24 **33024** 25 **FLORIDA** 29

3. Date Incorporated or Qualified 3a. Date of Last Report
10/19/1992 03/25/1994
 4. FEI Number Applied For
65-0363907 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**
 9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDMAN, DAVID E.
2630 N.E. 203RD STREET
SUITE 103
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
 NAME **SHISLER, THOMAS**
 STREET ADDRESS **4261 W. MCNAB ROAD, #24**
 CITY - ST - ZIP **POMPANO BEACH FL**

TITLE **DT**
 NAME **TODD, JOHN A.**
 STREET ADDRESS **6209 GRANT STREET**
 CITY - ST - ZIP **HOLLYWOOD FL**

TITLE
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 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP
 21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP
 31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP
 41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP
 51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

None

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 registered or inactive corporation, or have been or am authorized 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

6-18-95 305-647-1001
 Date Daytime Phone

CR2E034 (3/95)