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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 673636 Corporation Name

AMERICAN SITE SELECTORS, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90174 022 ***150.00



Principal Place of Business Mailing Address									
943 CLINT MOO BOCA RATON I		943 CLINT MOORE RD. BOCA RATON FL 33487-2802			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		-	*****
						06/16/1980			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-2832947		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required				
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation owes the currer	it year Int		
24	25	29 30				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	Agent	
				81	Name			•	į
HEIS		82 Street Addres			ess (P.O. Box Number is Not Acceptab	le)	·		
943 CLINT MOORE RD.				Street Address (1.0. Dox Humber to Not)					
BOC	A RATON FL 33431		Ī	83					
			ŀ	84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip (Code
	1				•		FL	. `	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State of memory with and accept the phighting at a state of the phighting agent agent agent of the state of the sta	of Florida. Such change was authorions of, Section 607.0505, Florida	orized Statu	ites.	ie corporation	oration submits this statement for the pin's board of directors. I hereby accept when reinstating)	DATE		g.c
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PS	☐ DELETE	1.1 TIT	LE				☐ Change	☐ Addition }
NAME	HEISE, MARTIN PAUL(ASST)		1.2 NAME						1
STREET ADDRESS	943 CLINT MOORE RD.	3 CLINT MOORE RD.		REETA	ADORESS .				1
CITY-ST-ZIP	BOCA RATON FL	L 1.4		Y-ST-	ZIP				
TITLE	TD DELETE 2.1 T		2.1 TIT	Œ				Change	☐ Addition
NAME	HEISE, MARTIN PAUL (ASST	2.2 N		.2 NAME					
STREET ADDRESS	943 CLINT MOORE RD.	j	2.3 STI	REETA	ADDRESS				1
CITY-ST-ZIP	BOCA RATON FL		2. 4 CI	TY-ST-	- ZIP	All The Control of th		 _	
TITLE		☐ DELETE	3.1 TIT	LE				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REETA	ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-	- ZIP				
TITLE		DELETE	4.1 TTT	lΕ				Change	Addition
NAME			4. 2 N/	WE		•			
STREET ADDRESS			4.3 ST	REETA	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP	<u> </u>			
TITLE				ITITLE				Change	Addition
NAME			5.2 NA						.
STREET ADDRESS			5.3 \$11	REETA	ADDRESS				
CITY-ST-ZIP				ry-st-	ZIP				
TITLE		☐ DELETE	6.1 TIT	LE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STI	REETA	ADDRESS				.

6.4 CITY+ST-ZIP 14. I 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 of 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 changes of on an attachment with an address, with all other like empowered.

DQUIRED

SIGNATURE: