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

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047745 (9)

FORESITE DESIGN, INC.

FILED May 18 1998 8:00am Secretary of State

1 OHLO	ne beolan, mo				
Principal Plac	e of Business	Mailing Address			i i de if j ed ti didei din ide i
•		201 SOUTH BISCAYNE (RI VI		
SUITE 1402		SUITE 1402			
MIAMI FL 33131 MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
6 5 1 1 1 1 1	lean of Dunia	T		05/28/1997	
 -	lace of Business	2a, Mailing Address		4. Fet Number 65-0761154	Applied For
Suite, Apt.	# Alc	Suite, Apt. #, etc.	· 	03 0102231	Not Applicable
-	₩, ₽ IC.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Florian Connector Financia	
23	•	28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(p	Country	8. This corporation owes or has paid the cur	
24	25	29	30	_	Yes No
	9. Name and Address of Currer		1	10. Name and Address of New Registered	
RO	BIN, RAYMOND L		81 Name		
	SOUTH BISCAYNE BLVD		P3 Cyrest	Address (D.O. Day Number is Not Assessable)	
SUITE 1402			82 Street	Address (P.O. Box Number is Not Acceptable)	
	MI FL 33131		83		
with	WW 1 E 00101		24		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named	corporation submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the State m (amiliar with, and accept the oblig	of Florida. Such change was	authorized by the cor	rporation's board of directors. I hereby accept the app	ointment as registered
•	in taninal with, and accept the oding	ations of accion out.ocos, i	ionda statutes.		
SIGNATURE	Signature, typed or punied name of registered age	ent med trie if applicable (NO	TE Registered Agent signatur	re required when reinstaling) DATE	I,
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME	ROBIN, RAYMOND L		1.2 NAME		(3
STREET ADDRESS	201 S BISCAYNE BLVD STE	1402	1.3 STREET ADDRESS		. }
CITY-ST-ZIP	MIAMI FL 33131		1 4 CITY - ST - ZIP		. (8
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		j
CETY - ST - ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	1	
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY-ST-2IP			3 4, City-ST-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	1	J
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME	1	
STREET ADDRESS			6.3 STREET ADDRESS	1	1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1
	ertify that the information supplied w	ith this filing does not qualify t		ed in Section 119.07(3)(i), Florida Statutes, I further ce	rtify that the information

4. 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 or supplied entire 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 countration 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.

CICNATUDE.

anno de to

4/28/98

305-358-9200