

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**DIVISION OF CORPORATIONS**

95 APR 13 PM 2:16

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhusen Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H13455 (1)**

1. Corporation Name  
**PRIME SITE DEVELOPMENT, INC.**

Principal Place of Business 402 HIGH POINT DRIVE PO BOX 3767 COCOA FL 32926-6621	Mailing Address 402 HIGH POINT DRIVE PO BOX 3767 COCOA FL 32926-6621
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/23/1984</b>		3a. Date of Last Report <b>04/18/1994</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2440140</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent	

9. Name and Address of Current Registered Agent

**PEEPLS, JAMES W. (I)**  
**505 N. ORLANDO AVENUE**  
**COCOA BEACH FL 32931**

10. Name and Address of Now Registered Agent

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature: Surname or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATRONI, ALAN R.</b>	1.2 NAME	
STREET ADDRESS	<b>402 HIGH POINT DRIVE</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>COCOA FL</b>	1.4 CITY ST ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIDOMENICO, PATRICK E.</b>	2.2 NAME	
STREET ADDRESS	<b>402 HIGH POINT DRIVE</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>COCOA FL</b>	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 110.07(3)(b), 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 partner 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 in an attachment with an address.

SIGNATURE: Patrick E. Di Domenico Date: 3/6/95 Expires: 407/632-4936  
(Signature: Surname and typed on printed name of signing officer or director)