

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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K02628 (1)

1. Corporation Name
TOTAL SITE DEVELOPMENT, INC.



Principal Place of Business 2308 E. CENTRAL BLVD ORLANDO FL 32803 US	Mailing Address 2308 E. CENTRAL BLVD ORLANDO FL 32803-6236 US
--	---

2. Principal Place of Business 21 2308 E Central		2a. Mailing Address 26 2308 E. Central Blvd		3. Date Incorporated or Qualified 11/18/1987	3a. Date of Last Report 01/24/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 0		4. FEI Number 59-2861344	Applied For Not Applicable
City & State 23 Orl, FL		City & State 28 Orl, FL 32803		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32803		Zip 29 Orl FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PHILLIPS, TERRI 2308 E. CENTRAL BLVD. ORLANDO FL 32803				10. Name and Address of New Registered Agent	
81 Name Terri Shackelford				82 Street Address (P.O. Box Number is Not Acceptable) 2308 E Central Blvd	
83				84 City Orl	
				85 Zip Code FL 32803	

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 **Terri Shackelford** DATE **1-31-97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	NAME PHILLIPS, TERRI	1.1 TITLE	1.2 NAME Shackelford Terri
STREET ADDRESS 2308 CENTRAL BLVD.		1.3 STREET ADDRESS 2308 E Central Blvd	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Orl FL 32803	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	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 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: **Terri Shackelford** DATE **1-31-97** DAYTIME PHONE **407 898 4838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)