

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K67363** (7)

1. Corporation Name

**PRIME SITE DEVELOPMENT OF VERO, INC.**

Principal Place of Business

**1245 SPRING LAKE DRIVE  
ORLANDO FL 32804  
US**

Mailing Address

**1245 SPRING LAKE DRIVE  
ORLANDO FL 32804  
US**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CAIRNS, ROBERT A.  
1245 SPRING LAKE DRIVE  
ORLANDO FL 32804**

81 Name

62 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0527 and 607.1607, Florida Statutes, the undersigned 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 607.0502, Florida Statutes.

SIGNATURE

Signature to be printed and typed in Block 12 or Block 13.

Signature to be printed and typed in Block 12 or Block 13.

CAIRNS

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and that the information is true and correct 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 407-649-8745

CP2E034 (12/95)