

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:21

DOCUMENT # P04312 (5)

1. Corporation Name
FLORIDA SITES INTERNATIONAL, INC.

Principal Place of Business
**18551 N TAMAM TRAIL
N FT MYERS FL 33903**

Mailing Address
**18551 N TAMAM TRAIL
N FT MYERS FL 33903**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/11/1984	3a. Date of Last Report 02/25/1994
4. FEI Number 52-1369509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	52-1369509	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
WAGLE, HAROLD, H 18551 N TAMAM TRAIL N FT MYERS FL 33903		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. 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 _____
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGLE, HAROLD H.	1.2 NAME	
STREET ADDRESS	18551 N. TAMAM TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	N FT MYERS FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PETER JAMES, JR	2.2 NAME	
STREET ADDRESS	18551 N TAMAM TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PAUL C.	3.2 NAME	
STREET ADDRESS	18551 N. TAMAM TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, MARK DAVID	4.2 NAME	
STREET ADDRESS	18551 N. TAMAM TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	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 119.07(6)(b), Florida Statutes. Further, I 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: *Harold H. Wagle* **2/20/95** 813-751-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR