

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

97 MAY 15 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P04312** (5)

1. Corporation Name  
**FLORIDA SITES INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**18551 N TAMiami TRAIL  
N FT MYERS FL 33903** **18551 N TAMiami TRAIL  
N FT MYERS FL 33903-7301**

3. Date Incorporated or Qualified **12/11/1984** 3a. Date of Last Report **01/25/1996**

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

4. FEI Number **52-1369509** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WAGLE, HAROLD, H  
18551 N TAMiami TRAIL  
N FT MYERS FL 33903**

10. Name and Address of New Registered Agent  
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]* DATE **4/29/97**  
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 <b>VT</b> <input checked="" type="checkbox"/> DELETE	NAME <b>WAGLE, HAROLD H.</b> STREET ADDRESS <b>18551 N. TAMiami TRAIL</b> CITY-ST-ZIP <b>N FT MYERS FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <b>PD</b> <input type="checkbox"/> DELETE	NAME <b>KANAVOS, PETER JAMES, JR</b> STREET ADDRESS <b>18551 N TAMiami TRAIL</b> CITY-ST-ZIP <b>N. FT. MYERS FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>VD</b> <input type="checkbox"/> DELETE	NAME <b>KANAVOS, PAUL C.</b> STREET ADDRESS <b>18551 N. TAMiami TRAIL</b> CITY-ST-ZIP <b>N. FT. MYERS FL</b>	3.1 TITLE <b>VDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <b>VSD</b> <input type="checkbox"/> DELETE	NAME <b>KANAVOS, MARK DAVID</b> STREET ADDRESS <b>18551 N. TAMiami TRAIL</b> CITY-ST-ZIP <b>N. FT. MYERS FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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**-05/22/97--01136--001**  
**\*\*\*1028.75 \*\*\*165.00**

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: *[Signature]* **REQUIRED** DATE: **4/28/97** DAYTIME PHONE: **941-731-2700**

CR2E034 (9/96)