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Feb 26 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 # P93000027589 (9)

1. Corporation Name  
NEXSITE GROUP, INC.



Principal Place of Business  
120 E. OAKLAND PARK BLVD.  
SUITE 105  
FORT LAUDERDALE FL 33334  
US

Mailing Address  
931 PALM TRAIL  
5  
DELRAY BEACH FL 33483-5856  
US

3. Date Incorporated or Qualified 04/15/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0422742	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business  
21 #207

2a. Mailing Address  
26 #207

Suite, Apt. #, etc.  
22 21301 Powerline Road  
City & State

Suite, Apt. #, etc.  
27 21301 Powerline Road  
City & State

23 Boca Raton, FL  
Zip Country  
24 33433 25 USA

28 Boca Raton, FL  
Zip Country  
29 33433 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLOYD, W. SCOT  
931 PALM TRAIL  
5  
BOCA RATON FL 33483

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
Delray Beach 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 or typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LLOYD, W. SCOT  
STREET ADDRESS 931 PALM TRAIL 5  
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Vice President  
NAME Michael Anderson  
STREET ADDRESS 106 Sandbourne Lane  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Vice President  
NAME Fred Faulkner  
STREET ADDRESS 355 56th Terrace So.  
CITY-ST-ZIP West Palm Beach, FL 33415

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Vice President/Treasurer  
NAME Bernard Godin  
STREET ADDRESS 4520 NW 23rd Terrace  
CITY-ST-ZIP Boca Raton, FL 33431

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE Vice President/Secretary  
NAME John Collins  
STREET ADDRESS 3950 NW 53rd Street  
CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD GODIN

2/17/97

561-883-3941

CR2E034 (9/96)