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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000057956 (3)

IN SI	TE REALTY, INC.		(0	•			
Principal Place of Business Mailing Address							T CONTINUES THE FOLION CHICK CORNEL C
			2052 MAPLEWOOD DI CORAL SPRINGS FL	52 MAPLEWOOD DR DRAL SPRINGS FL 33071			DO NCT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				08/12/1993 4. FEI Number Applied For
21			a. Walling Nacioss				65-0433743 Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulied Fee Regulied
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Country		Trust Fund Contribution Added to Fees
Zip	Country Zip 30		30	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 29 30 p. Name and Address of Current Registered Agent					Γ		10. Name and Address of New Registered Agent
	ANDMAN, WILLIAM				B1	Name	
2052 MAPLEWOOD DR					82	Street Addr	ress (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33071					83		
				1	24	Oit.	lot Troods
_					84 City		FL 85 Zip Code
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 tice it applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MAS MAS		DELETE	1.1 TI			☐ Change ☐ Addition
NAME LANDMAN, MALLARICO DE		NOB	bray T		1.2 NAME		
STREET ADDRESS 2052 MAPLEWOOD DR					1.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE		1.4 CITY - \$1 - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	MALLIN , HAMOUN	S		2.2 NA		Ì	
STREET ADDRESS 2052 MAPLEWOOD D						ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 3:					2. 4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TI	TLE		Change Addition
NAME				3 2 N/	ME		
STREET ADDRESS				3.3 ST	REET.	address	
CITY-ST-ZIP	-ZIP DELETE				3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE NAME							
STREET ADORESS				4.2 N		ADDRESS	
CITY-ST-ZIP				4.4 CI		ľ	
TITLE DELETE				5.1 TITLE		Change Addition	
NAME				5.2 NA	MÉ]	
STREET ADDRESS				5.3 ST	REET	ADDRESS	
CITY-ST-ZIP				5.4 CF	TY-S1	I - ZIP	
TITLE			DELETE	6.1 10	L€		Change Addition
							ZW 1

14. I 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 coloration 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 (Stanged, or on an attachment with an address)

SIGNATURE

STREET ADDRESS

MAD DI LANDMANCHE

5 JAN 98

(954) 875 9442

FILED

Feb 12 1998 8:00am

Secretary of State