## 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

## DOCUMENT # P94000033185 (7)

## FILED May 13 1997 8:00am Secretary of State

ON-SITE ENTERPRISES INC.  Principal Place of Business Mailing Address 91 NE 91 ST P O BOX \$30544 MIAMI SHORES FL 33138 MIAMI FL 33153-0544 US									
						<ol> <li>Date Incorporated or Qualified 05/02/1994</li> </ol>		te of Last Re <b>)1/1996</b>	aport
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0485852		6-100	t Applicable
Suite, Apt	f. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Sta	ale	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	1 6	<del></del>		Trust Fund Contribution		Added to	
Zip	Country	Zip	<b>├</b>	untry	,	This corporation has liability for	r intangible t		199.032,
24	9. Name and Address of Cur	[29]	30	<del></del>		Florida Statutes  10. Name and Address of New R			
E0	OST, JESSICA	territ registered rigers		81	Name	10, 100, 100, 100, 100, 100, 100, 100,	9.0.0	30	<del></del>
91	NE 91ST STREET AMI SHORES FL 33138			82	Street Add	ress (P.O. Box Number is Not Accepte	able)		
					05			Tapl 3:- /	2.4.
				84	City		FL	<b>85</b> Zip 0	2006
SIGNATURE	Stignature: typed or profited name of registered OFFICERS	agest and title if applicable. (NO AND DIRECTORS	OTE Registere 13.		ent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFF		DIRECTORS	S IN 12
TITLE NAME	D FROST, JESSICA C		1.2 N				-	Unange	L. Addition
STREET ACIDALESS	- A A S - A A D - A D		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI SHORES FL		1.4 0	TY-S	ST-ZIP				
TITLE		DELETE	2.1 T	ITLE				Change	Addition
NAME			2.2 N	iame					
STREET ADDRESS			ı		ADDRESS				
CITY - ST - ZIP				CITY-S	ST-ZIP				
TITLE NAME		I DELETE	217	THE C				Channe	Addition
STREET ADDRESS	1	DELETE	3.1 T		}		······································	Change	Addition
ALTREA MOUNTAIN	: 1	☐ DELETE	3.2 N	IAME	ADDRESS			Change	Addition
CITY - ST - ZIP		DELETE	3.2 N 3.3 S	IAME TREET	ADDRESS ST-ZIP			Change	Addition
CITY - ST - ZIP TITLE		☐ DELETE	3.2 N 3.3 S	IAME TREET CITY-5	ADDRESS ST-ZIP			☐ Change	
			3.2 N 3.3 S 3.4 C 4.1 T	IAME TREET CITY-5	ST-ZIP				Addition
TITLE			3.2 N 3.3 S 3.4 C 4.1 T	iame Street City-s Itle Name	ST-ZIP				
TITLE NAME		DELETE	3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S	iame Street City-s Itle Name	ST-ZIP  ADDRESS			Change	Addition
TITLE NAME STREET ADORESS			3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S	TREET CITY-S TILE NAME CITY-S CITY-S	ST-ZIP  ADDRESS				
TITLE NAME STRÆFT ADDRESS OITY-ST-ZIP		DELETE	3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C	TREET CITY-S TILE NAME STREET CITY-S TILE	ST-ZIP  ADDRESS			Change	Addition
TIFLE NAME STREET ADDRESS ONY-ST-ZIP TITLE	5	DELETE	3.2 N 3.3 S 34 ( 4.1 T 4.2) 4.3 S 4.4 C 5.1 T 5.2 N	TREET CITY-S TILE NAME STREET CITY-S TILE NAME	ST-ZIP  ADDRESS			Change	Addition
THEE NAME SIREFI ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP	5	☐ DELETE	32 M 33 S 34 C 41 T 4.2 I 43 S 44 C 51 T 52 N 53 S	TREET CITY-S TREET NAME STREET CITY-S TILE NAME STREET CITY-S TAREET CITY-S	ST-ZIP  ADDRESS ST-ZIP			Change	Addition Addition
THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE	5	DELETE	32 N 33 S 34 C 41 T 4.21 43 S 44 C 5.1 T 5.2 N 5.3 S 64 C 6.1 T	STREET CITY-S  ITLE  NAME STREET  STREET  LAME  STREET  LAME  STREET  STREET	ST-ZIP  ADDRESS ST-ZIP  ADDRESS			Change	Addition
THE NAME STREFT ADDRESS ONLY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME		☐ DELETE	32 M 33 S 34 C 41 T 4.21 43 S 44 C 5.1 T 52 N 53 S 64 C 61 T 62 N	STREET CITY-S STREET C S STREET C S S S S S S S S S S S S S S S S S S S	ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP			Change	Addition
THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE		☐ DELETE	32 M 33 S 34 C 41 T 4 21 43 S 44 C 51 T 52 N 54 C 61 T 62 N 63 S	STREET COTY-S TITLE NAME STREET COTY-S TITLE STREET COTY-S TITLE LAME STREET	ST-ZIP  ADDRESS ST-ZIP  ADDRESS			Change	Addition

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

4-26-97 305-751-240