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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEFARTMENT OF STATE
Sandra B. Morinari
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044963 (4)							
	R-SITE, INC.				4 1841481 148 1511 9181 8314 83	:31 86 111 86 111 8 1814 848 15	u. 64 úliu ú 1611 au 91
Principal Place	of Business	Mailing Address			1 10211001 112 12111 01011 00111 12		**** ***********
1861 NORTH FEDERAL HWY.			1861 NORTH FEDERAL HWY.				
SUITE 303 HOLLYWOO	D EL 33020	SUITE 303 HOLLYWOOD FL 330	HOLLYWOOD FL 33020				
100211100	D 11 44000				3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last P 07/28/1	
2. Principal Place of Business2a2126		2a. Mailing Address 26	, Mailing Address		4. FEI Number 65-0499737		Applied For Not Applicable
Suite, Apt. #, etc. 27		Stille, Apt. #, etc.	1		5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State	Orty & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip Country		Ζ _I p	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
24	9. Name and Address of Curren				10. Name and Address of New F	tegistered Agent	
			81	Name			
HENDE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
4431 S SUITE	I.W. 64TH AVE.		83				
	FL 33314					last 7	0.4
DATE:	12 55514		84 City			FL 85 Z	ip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ta. Such change was authorize	ad by the corp	named corpo poration's boa	ration submits this statement for the purify of directors. I hereby accept the app	rpose of changing its ointment as registere	registered office d agent. I am
SIGNATURE _	Signature, typed or pented name of registered agent	and the discount and the state force	It Bandered Ale	et signature require	of what, recreations?	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1. 1 TIPLE			☐ Change	☐ Addition
NAME	MARTIN, CYNTHIA K		12 NAME				
STREET ADDRESS	316 WALNUT ST.		3 STREET ADDRESS				
CITY ST ZIP	HOLLYWOOD FL 33019	☐ DELETE	1.4 CHY-ST-ZIP 2.1 THEE			Change	Addition
TITLE NAME		22				c.cgo	
STREET ADDRESS	is l		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CiTY+ST+ZIP				
TITLE		☐ DELETE	3 1 1111.6			☐ Change	Addition
NAME	HAME		, 3.2 NAM6				
STREET ADDRESS			3.3. STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 C/TY-			☐ Change	Addition
TITLE			4 1 TITLE 4 2 NAME				
NAME STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CHY				
TITLE	·	☐ DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	: I ADORESS			
CITY-ST-ZIP			5 4 CITY				<u> </u>
TITLE		DELETE 6				Change	Addition Addition
NAME			6.2 NAM8	+			
STREET ADDRESS				ET ADDRESS			
14. I do hereb	I gertify that the information supplied:	with this filing is voluntarily furr	64 GiTY hished and do	es not qualify	for the exemption stated in Section 119	0.07(3)(k), Florida State	utes. I further
certify that oath: that	t the information indicated on this annu	ual report or supplemental ann oration or the receiver or truste	iual report is t le empowered	rue and accur	ate and that my signature shall have the his report as required by Chapter 607, F	e same legal effect as	if made under

SIGNATURE: (

SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

3-8-96 305 922-4731 CR2E034 (12/95)