## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.0%

## **PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**FILED** Mar 10 1998 8:00am Secretary of State

	IMENT #			
	Site Therapy Inc. 195-620			
	SITE METAPY DEC	$\wedge \wedge$		
	145-610	'み \		
Principal Pla	ce of Business Maling Address			
914 <	ST Clair ST #16			
Treis	ourne F1 32935-		DO NOT WRITE IN THIS SPACE	
			3. Date incorporated or Qualified	
2. Principal I	Place of Business		4. FEI Number Applied Fo	,—
21914	57 Chirs7 126		593334352 Not Applica	
Suite. Apt	. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additiona	
22 2	<del>\$</del> <b>[6</b> 27		5. Certificate of Status Desired Fee Required	
23 ///e/	boscne 16 ( 28)		6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
「Zipフィ d	Country Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 26	35 25 US A 29 3	30	Personal Property Tax due June 30.  Yes No	
<u> </u>	9. Name and Address of Current Registered Agent	Q4 Nome	10. Name and Address of New Registered Agent	
ے، ک	of Robert Schiffer  14 St Johns In  6 ourne F1 32935	81 Name'	COTT Robert Schiffer	
246	4 St Johns In	82 Street	Address (P.O. Box Number is Not Acceptable)	
Mel	Governe F1 32935	83	1964 ST Johns 19	
77.0.				
		84 City	Nelbourne FL 85 Zip Code 50935	
effice or i	registered agent, or both, in the State of Florida. Such change was au	thorized by the con	corporation submits this statement for the purpose of changing its register coration's board of directors. I hereby accept the appointment as registered	ed
agent. La	im familiar with, and accept the obligations of, Section 607.0505, Flori	ے Statutes و		<b>^</b>
COLLETION				
SIGNATURE	Scott R Schiffer Pres	ل معمد	d/26/88	
12.	Signature Type over per that trainer of in girth real agent (institute of injury addition of FICE RS AND DIRECTORS	Registered Agent signature	DATE DATE	[
	Signature: Expensive per test trainer of my sternoracyers trainform approaches (NOTE	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
12.	OFFICERS AND DIRECTORS (NOTE	Registered Agent signalure 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
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14. Thereby certify that the information supplied with this filling 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 suppliemental 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 changes or an attachment with an address.

SIGNATURE:

407 253 4087