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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # P9500)0081646 (8	3)		
	Y SITE SERVICES, INC.				
					######################################
Principal Place of Business		Mailing Address			
2455 E. SUNRISE BLVD.		2455 E. SUNRISE BLV	/D.		
PENTHOUSE EAST FORT LAUDERDALE FL 33304		PENTHOUSE EAST FORT LAUDERDALE FL 33304			
TOTAL BIODE	mente le distor	TONI DIODENDALE P	L 33304	3. Date Incorporated or Qualified 3a. Date of Last Rep 10/24/1995	port
2. Principal Pla	ice of Business	2a. Mailing Address		4. FE! Number A	pplied For
Suite, Apt. #, etc.		26			lot Applicable
22		Suite, Apt. #, etc.		1 3. Certificate of Status Desheu 1	Additional lequired
City & State		City & State			May Be
Z ip	Country	28		Trust Fund Contribution Added	to Fees
- Zip	25	Zip [29]	Country 30	8. This corporation has liability for intangible tax under sides and the florida Statutes	199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
0100(5)	414114 500		81 Name		
Gabriel, Alan L Esq. 2455 E. Sunrise BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PENTHOUSE EAST			83		
FORT LA	UDERDALE FL 33304		84 Crty	85 Zip	Code
44 Durament to	o the projection of Continue CO7 CCC	00 and 007 1500 Field Cal		FL 1 1	
or registere	or the provisions or sections 607.000. ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	nda. Such changé was authori	zed by the corporation's boa	ration submits this statement for the purpose of changing its re ard of directors. I hereby accept the appointment as registered a	gistered office agent. I am
SIGNATURE	in and troops the abigations of, occ	onon dor loods, no ran stantie	S.		
	Signature typed or printed name of registered ago		OTE: Registered Agent signature require		
12.	PVST OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
NAME	BENNETT, JAMES E		1.2 NAME	опануя	☐ Addition
STREET ADDRESS	2455 E. SUNRISE BLVD., PE		13 STREET ADDRESS		
CITY-S1-ZIP	FORT LAUDERDALE FL 333	F	1.4 CITY-ST-ZIP		
TITLE NAME	d Bennett, James e	[]] DELF16	2 1 TITLE 22 NAME	Change	Addition
STREET ADDRESS	2455 E. SUNRISE BLVD., PENTHOUSE EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333		2 4 C-1Y-ST-ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change	Addition
NAME PTOTES ADDOSES			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3. STREET ADDRESS 3.4 CHY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE	Change	Addition
NAME			4.2 NAME	_ ,	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	*** **********************************	FT DELETE	4.4 CITY - ST - ZIP		
TITLE		[] DELETE	5. 1 TITLE	Change	Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 CITY+ST+ZIP		
TITLE		DELETE	6 1 TITLE	Change	Addition
NAME		·	6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	A. A		6 4 CHY-ST-ZIP		
certify that oath; that !	the information indicated on this and am an officer or director of the corp	hual report or supplemental and poration or the receiver or truste	nual report is true and accura se empowered to execute th	for the exemption stated in Section 119.07(3)(k), Florida Statute: ale and that my signature shall have the same legal effect as if n is report as required by Chapter 607, Florida Statutes; and that	made under
appears in	Block 12 or Block 3 if changed, or	on an attachment with an add	iress.	, ,	-
SIGNAT	URE: AMMINISTRATION	OR PRINTED WAME OF SIGNING OFFICE	ER OR DIRECTOR	5/9/96 Daw Doylers Prone •	