

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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P96000043904 (7)

1. Corporation Name
HSITE DESIGNS, INC.



Principal Place of Business

Mailing Address

609 S. DELAWARE AVE.
#2
TAMPA FL 33606

609 S. DELAWARE AVE.
#2
TAMPA FL 33606-2610

2. Principal Place of Business

2a. Mailing Address

21 208 S. Habana Ave.

26 208 S. Habana Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6

27 6

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33609

25 USA

29 33609

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/17/1996

4. FEI Number

Applied For

59-3397754

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

LYONS, MICHAEL B
609 S. DELAWARE AVE.
#2
TAMPA FL 33606

81 Name

Lyons, Michael B.

82 Street Address (P.O. Box Number is Not Acceptable)

208 S. Habana Ave

83

Apt 6 G

84 City

Tampa

FL

85 Zip Code
33609

11. 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

Michael B Lyons

Michael Lyons

4/29/97

Signature, typed or printed name of registered agent, applicable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LYONS, MICHAEL B
STREET ADDRESS 609 S. DELAWARE AVE., #2
CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE

D ☒ Change ☐ Addition
Lyons, Michael B
208 S. Habana Ave #G
Tampa FL 33609

TITLE D ☐ DELETE

NAME PICKETT, MATTHEW S
STREET ADDRESS 609 S. DELAWARE AVE., #2
CITY-ST-ZIP TAMPA FL 33606

2.1 TITLE

D ☒ Change ☐ Addition
Pickett, Matthew S
208 S. Habana Ave #G
Tampa FL 33609

TITLE D ☐ DELETE

NAME PENA, MICHAEL A
STREET ADDRESS 1303 S. GUNBY AVE., #7
CITY-ST-ZIP TAMPA FL 33606

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

14. 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

4/29/97 1023530361

CR2E034 (9/96)