

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000043904 (7)

1. Corporation Name

HSITE DESIGNS, INC.



Principal Place of Business

208 S HABANA AVE  
STE #G  
TAMPA FL 33609  
US

Mailing Address

208 S HABANA AVE  
STE #G  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1996

4. FEI Number

59-3397754

Applied For

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 3709 West Platt St.

Suite, Apt. #, etc.

22 Tampa #E 3

City & State

23 Tampa FL

Zip

Country

24 33609

25 US

2a. Mailing Address

26 3709 West Platt St

Suite, Apt. #, etc.

27 Tampa #E 3

City & State

28 Tampa FL

Zip

Country

29 33609

30 US

9. Name and Address of Current Registered Agent

LYONS, MICHAEL B  
208 S HABANA AVE  
STE #G  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

Michael B Lyons

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

3709 West Platt Street

83

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 Lyons

Michael Lyons

5/1/98

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

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LYONS, MICHAEL B  
STREET ADDRESS 208 S HABANA AVE, #G  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME PICKETT, MATTHEW S  
STREET ADDRESS 208 S HABANA AVE, #G  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME Partner  
Lyons, Michael B  
1.3 STREET ADDRESS 3709 West Platt St  
1.4 CITY-ST-ZIP Tampa FL 33609

2.1 TITLE ☒ Change ☐ Addition

NAME Partner  
Pickett Matthew S.  
2.3 STREET ADDRESS 5520 Gunn Hwy Apt #814  
2.4 CITY-ST-ZIP Tampa FL 33624

3.1 TITLE ☒ Change ☐ Addition

NAME Partner  
Pena, Michael A  
3.3 STREET ADDRESS 3709 West Platt St  
3.4 CITY-ST-ZIP Tampa FL 33609

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 M. Lyons M. Lyons 5/1/98 (10/97) 97-33609

CR2E034 (10/97)