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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051276 (8)

SITE CONTROL, INC.

| Principal Place of Business |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|
| 1808 SW 43RD AVE.           |  |  |  |  |  |  |  |  |
| FT. LAUDERDALE FL 33317     |  |  |  |  |  |  |  |  |

2. Principal Place of Business

Sulte, Apt. #, etc.

Mailing Address

2s. Mailing Address

Suite, Apt. #, etc.

26

27

1808 SW 43RD AVE. FT. LAUDERDALE FL 33317

## **FILED** Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualified

65-0763034

5. Certificate of Status Desired

06/09/1997

4. FEI Number

| City & Stat  | 0   | City & State         |         |   |   | 6. Election Campaign Financing                                   |              | May Be       |  |
|--|---|----------------------|---------|---|---|--|--------------|--------------|--|
| 23   |   | [28]                 |         |   | Trust Fund Contribution   |  | d to Fees    |              |  |
| Zip<br>24  | Country   | Zip                  | Cou     | ntry  |   | 8. This corporation owes or has paid the current year Intangible |              | ntangible No |  |
| 24 25 29 30 2. Name and Address of Current Registered Agent  |   |                      |         |   | Personal Property Tex due June 30. Yes No  10. Name and Address of New Registered Agent |  |              |              |  |
| DA   | <del></del>   | - I og otto o rigott | Name    | 10. Hame and Padroce of New York                      | TOO INGOIN  |  |              |              |  |
| BARTON, THOMAS W<br>1808 SW 43RD AVE.  |   |                      |         | 81  |   |  |              |              |  |
| FT. LAUDERDALE FL 33317  |   |                      |         | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |              |              |  |
|  |   |                      |         | 83  |   |  |              |              |  |
|  |   |                      | [       |   |   |  | <del></del>  |              |  |
|  |   |                      |         | 84  | City  | 1  | FL  85   Zip | p Code       |  |
| 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  |   |                      |         |   |   |  |              |              |  |
|  | Signature, typed or printed name of regist-red age: |                      |         | d Age   | nt signature require  | od when reinsteting) DA  |              |              |  |
| 12.  | OFFICERS AND  | DIRECTORS            | 13.     |   | <del></del>   | ADDITIONS/CHANGES TO OFFICERS                                    | AND DIRECTO  |              |  |
| TITLE  | BARTON, THOMAS W                                    |                      | 1.1 111 |   |   |  | E Griange    | Addition     |  |
| NAME   | 4000 014 4000 415                                   |                      |         |   |   |  |              | į            |  |
| STREET ADDRESS   | PT A AUDEDDALE EL 00047                             |                      |         |   | ADDRESS   |  |              |              |  |
| CITY-ST-ZIP  | FI. ENOUGHDALE PL 33317                             | DELETE               | 1.4 CIT |   | - ZIP   |  | Change       | Addition     |  |
| NAME   |   | [ ] Dittil           | 2.7 III |   |   |  |              | L) Addition  |  |
| STREET ADORESS   |   |                      | •       |   | ADDRESS   |  |              |              |  |
| CITY-ST-ZIP  |   |                      |         |   | ì   |  |              | ŀ            |  |
| TITLE  |   |                      |         |   | 1-ZIF   |  | Change       | Addition     |  |
| NAME   |   | <b>2</b>             | 3.2 NA  |   | j   |  |              |              |  |
| STREET ADDRESS   |   |                      |         |   | ADDRESS   |  |              | Ĭ            |  |
| CITY-ST-ZIP  |   |                      | 3.4. CI |   |   |  |              |              |  |
| TITLE  | DELETE 411  |                      |         |   |   | **************************************                           | ☐ Change     | Addition     |  |
| NAME   |   |                      | 4.2 N   | AME   |   |  |              |              |  |
| STREET ADDRESS   |   |                      | 4.3 ST  | REET  | ADDRESS   |  |              |              |  |
| CITY-ST-ZIP  |   |                      | 4 4 CH  | TY-ST   | r-ZIP   |  |              | Ì            |  |
| TITLE  |   | ☐ DELETE             | 5.1 TIT |   |   |  | ☐ Change     | Addition     |  |
| NAME   |   |                      | 5.2 NA  | ME  |   |  |              | ļ            |  |
| STREET ADDRESS   |   |                      | 5.3 ST  | REET  | ADDRESS   |  |              |              |  |
| CITY-ST-ZIP  |   |                      | 5.4 CI  | IY-SI   | - ZIP   |  |              |              |  |
| TITLE  |   | DELETE               | 6.1 TIT | LE  |   |  | Change       | Addition     |  |
| NAME   |   |                      | 6.2 NA  | ME  |   |  |              |              |  |
| STREET ADDRESS   |   |                      | 6.3 ST  | REET  | ADDRESS   |  |              |              |  |
| CITY-ST-ZIP  |   |                      | 6.4 CI  |   |   |  |              | ]            |  |
| 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. |   |                      |         |   |   |  |              |              |  |