

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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90002 014 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000061559**

1. Corporation Name
CITYSCAPE SITING AND MANAGEMENT, INC.

Principal Place of Business 10100 W SAMPLE ROAD STE 329 CORAL SPRINGS FL 33065	Mailing Address 10100 W SAMPLE ROAD STE 329 CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3300 UNIVERSITY DRIVE Suite, Apt. #: etc.: 22 STE 629 City & State 23 CORAL SPRINGS, FL Zip Country 24 33065 25 USA		2a. Mailing Address 26 3300 UNIVERSITY DRIVE Suite, Apt. #: etc.: 27 STE 629 City & State 28 CORAL SPRINGS, FL Zip Country 29 33065 30 USA		3. Date Incorporated or Qualified 07/14/1997	
4. FEI Number 65-0774658		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		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent EDWARDS, RICHARD L 10100 W SAMPLE ROAD STE 329 CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name RICHARD L. EDWARDS 82 Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE STE 629 83 84 City CORAL SPRINGS 85 Zip Code FL 33065	

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	EDWARDS, RICHARD L	1.2 NAME	
STREET ADDRESS	10100 W SAMPLE ROAD STE 329	1.3 STREET ADDRESS	3300 UNIVERSITY DRIVE STE 629
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LEPORE, ANTHONY T	2.2 NAME	
STREET ADDRESS	10100 W SAMPLE RD	2.3 STREET ADDRESS	3300 UNIVERSITY DRIVE STE 629
CITY-ST-ZIP	CORAL SPGS FL 33065	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MILES, KOCH M K	3.2 NAME	
STREET ADDRESS	10100 W SAMPLE RD, STE 329	3.3 STREET ADDRESS	3300 UNIVERSITY DRIVE STE 629
CITY-ST-ZIP	CORAL SPGS FL 33065	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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		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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/99 954-757-8668

CR2E034 (1/1/98)

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