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0300

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90013 011 ***150.00

DOCUMENT # P97000067661

1. Corporation Name
INSITE PLUS, II, INC.

Principal Place of Business
5703 COCO PLUM DR.
PH 1
TAMARAC FL 33319

Mailing Address
5703 COCO PLUM DR.
PH 1
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

65-0779692

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5703 COCO PALM DR

Suite, Apt. #, etc.

22 PH 1

City & State

23 TAMARAC

Zip

24 FL

Country

25 33319

2a. Mailing Address

26 5703 COCO PALM DR

Suite, Apt. #, etc.

27 PH 1

City & State

28 TAMARAC

Zip

29 FL

Country

30 33319

9. Name and Address of Current Registered Agent

POMERANCE, ROGER M
1900 CORPORATE BLVD., N.W.
SUITE 201E EAST BLDG.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME GILCHICK, STEPHEN
STREET ADDRESS 5703 COCO PLUM DR.
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D/P ☐ Change ☒ Addition
1.2 NAME GILCHICK, LINDA
1.3 STREET ADDRESS 5703 COCO PALM DR
1.4 CITY-ST-ZIP TAMARAC, FL 33319

2.1 TITLE VP/S ☐ Change ☒ Addition
2.2 NAME GILCHICK, STACEY
2.3 STREET ADDRESS 101 W 57TH ST. APT. 15G
2.4 CITY-ST-ZIP NEW YORK, N.Y. 10019

3.1 TITLE VP/T ☐ Change ☒ Addition
3.2 NAME GILCHICK, ROBERT A.
3.3 STREET ADDRESS 4078 CHAMOUNE AVE #5
3.4 CITY-ST-ZIP SAN DIEGO, CA 92105-1826

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, with all other like empowered.

SIGNATURE:

Linda Gilchick

LINDA GILCHICK, President

1/4/99 (GSA) 7392686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)