

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-23-1999 90217 033 ***158.75

DOCUMENT # P98000020067

1. Corporation Name
SITE UNSEEN, INCORPORATED



Principal Place of Business
916 N WESTMORELAND DRIVE
ORLANDO FL 32804

Mailing Address
916 N WESTMORELAND DRIVE
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

59-3569695

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUFELT, BETTY A
916 N WESTMORELAND DRIVE
ORLANDO FL 32804

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ZUFELT, BETTY A
STREET ADDRESS 916 N WESTMORELAND DRIVE
CITY-ST-ZIP ORLANDO FL 32804

□ DELETE

1.1 TITLE

P/D

X Change

□ Addition

NAME ZUFELT, BETTY A
STREET ADDRESS 916 N WESTMORELAND DRIVE
CITY-ST-ZIP ORLANDO FL 32804

1.2 NAME

ZUFELT, BETTY A.

1.3 STREET ADDRESS

916 N. WESTMORELAND DR.

1.4 CITY-ST-ZIP

ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

2.1 TITLE

S/T/D

□ Change

X Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

2.2 NAME

ZUFELT, ALBERT H.

2.3 STREET ADDRESS

916 N. WESTMORELAND DR.

2.4 CITY-ST-ZIP

ORLANDO, FL 32804

□ Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

□ Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

□ Change

□ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a holder like empowered.

SIGNATURE:

BETTY A. ZUFELT
BETTY A. ZUFELT 4/20/99 (407) 839-4315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)