

**FILE NOW: FILING FEE AFTER MAY 1 IS \$226.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 28 PM 12: 15

**DOCUMENT # S41452 (1)**

1. Corporation Name

**FORESITE DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

92 MANTOLOKING RD.  
BRICK NJ 08723

92 MANTOLOKING RD.  
BRICK NJ 08723

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/28/1991** 3a. Date of Last Report **10/21/1994**

4. FEI Number **65-0251081** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Guid. Apt. #, etc.	26	Guid. Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONGO, JOSEPH A  
2525 OLD OKEECHOBEE RD., STE. 22  
WEST PALM BCH. FL 33409**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGO, JOSEPH A	1.2 NAME	
STREET ADDRESS	92 MANTOLOKING RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	BRICK TOWN NJ 08723	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLO, PAUL	2.2 NAME	
STREET ADDRESS	92 MANTOLOKING RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	BRICK TOWN NJ 08723	2.4 CITY- ST- ZIP	
TITLE	PT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCIRILLO, MICHAEL	3.2 NAME	
STREET ADDRESS	1548 DUANE PALMER BLVD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	SEBRING FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH A. LONGO VICE PRESIDENT**

3/21/95

(Type Name)