

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S41452** (1)

1. Corporation Name
FORESITE DEVELOPMENT CORPORATION



Principal Place of Business: **92 MANTOLOKING RD. BRICK NJ 08723**
Mailing Address: **92 MANTOLOKING RD. BRICK NJ 08723**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City, & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City, & State 28 Zip Country 29 30

3. Date Incorporation or Qualified: **03/28/1991** 3a. Date of Last Report: **03/28/1995**
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. 193.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 602.05(1) and 602.12(1), 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. Thereby, I accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 602.05(1), Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	V	<input type="checkbox"/> DELETED	13. 1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONGO, JOSEPH A		2. STREET ADDRESS		
STREET ADDRESS	92 MANTOLOKING RD.		3. CITY, STATE, ZIP		
CITY, STATE, ZIP	BRICK TOWN NJ 08723		4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. TITLE	S	<input type="checkbox"/> DELETED	5. NAME		
NAME	BARLO, PAUL		6. STREET ADDRESS		
STREET ADDRESS	92 MANTOLOKING RD.		7. CITY, STATE, ZIP		
CITY, STATE, ZIP	BRICK TOWN NJ 08723		8. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. TITLE	PT	<input type="checkbox"/> DELETED	9. NAME		
NAME	PICCIRILLO, MICHAEL		10. STREET ADDRESS		
STREET ADDRESS	1548 DUANE PALMER BLVD.		11. CITY, STATE, ZIP		
CITY, STATE, ZIP	SEBRING FL		12. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. TITLE		<input type="checkbox"/> DELETED	13. NAME		
NAME			14. STREET ADDRESS		
STREET ADDRESS			15. CITY, STATE, ZIP		
CITY, STATE, ZIP			16. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. TITLE		<input type="checkbox"/> DELETED	17. NAME		
NAME			18. STREET ADDRESS		
STREET ADDRESS			19. CITY, STATE, ZIP		
CITY, STATE, ZIP			20. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I 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)(k), 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 business 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 or in an addition thereto with an address.

SIGNATURE: *Joseph A Longo* Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96

CR2E034 (12/95)