

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S49919** (1)
1. Corporation Name
CITE ENTERPRISE, INC.



Principal Place of Business: 27457 SENATOR DR PUNTA GORDA FL 33955-2323
Mailing Address: 27457 SENATOR DR PUNTA GORDA FL 33955-2323

3. Date Incorporated or Qualified: 05/02/1991
3a. Date of Last Report: 08/01/1995

| | | | | | | | | | | |
|----|---|----|---------------------|----|--|---|---------|----|---|--|
| 21 | 2. Principal Place of Business 3100 Kennesaw St. | 26 | 2a. Mailing Address | 4. | FEI Number 65-0266901 | Applied For | | | | |
| 22 | Suite, Apt. #, etc. Ft. Myers, Fla | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required | | | | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 24 | Zip 33916 | 25 | Country Lee | 29 | Zip | 30 | Country | 8. | This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTGOMERY, TIMOTHY LENN
27457 SEANTOR DR
PUNTA GORDA FL 33950

| | |
|----|--|
| 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: *Timothy C. Montgomery* Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4-24-96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTGOMERY, TIMOTHY L | 1.2 NAME | |
| STREET ADDRESS | 27457 SENATOR DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIES, DAVID LANG | 2.2 NAME | Brenda D. Montgomery |
| STREET ADDRESS | 9017 KING RD W | 2.3 STREET ADDRESS | 27457 Senator Dr. |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | Punta Gorda Fla |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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)(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 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.

SIGNATURE: *Timothy C. Montgomery* Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4-24-96 DAYTIME PHONE #: 941-332-1544

CR2E034 (12/95)