

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 638988 (6)

1. Corporation Name  
**STUART L. STEIN, P.A.**



Principal Place of Business: ROUTE 14, BOX 202E, P.O. BOX 9907, SANTA FE NM 87504  
Mailing Address: ROUTE 14, BOX 202E, P.O. BOX 9907, SANTA FE NM 87504

3. Date Incorporated or Qualified: 10/08/1979  
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business: 21 6301 INDIAN SCHOOL ROAD, NE  
Suite, Apt #, etc.: 22 SUITE 810  
City & State: 23 ALBUQUERQUE, N.M.  
Zip: 24 87110 Country: 25 U.S.A.  
2a. Mailing Address: 26 6301 INDIAN SCHOOL ROAD, NE  
Suite, Apt #, etc.: 27 SUITE 810  
City & State: 28 ALBUQUERQUE N.M.  
Zip: 29 87110 Country: 30 U.S.A.

4. FEI Number: 59-1968563  
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

9. Name and Address of Current Registered Agent  
**CHRISTIANSEN, MICHAEL ERIC, ESQ.  
2750 N. FEDERAL HIGHWAY  
FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 in block of registered agent and then in cursive  
Title: Registered Agent's name registered with the State of Florida

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, STUART L	
STREET ADDRESS	RT 14 BOX 202E	
CITY - ST - ZIP	SANTA FE NM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	STUART L. STEIN	
3. STREET ADDRESS	6301 INDIAN SCHOOL RD, NE #1810	
4. CITY - ST - ZIP	ALBUQUERQUE, NM 87110	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. 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 in 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 officer 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 of this attachment with an address.

SIGNATURE: *Stuart L. Stein* **STUART L. STEIN** 4-12-96 505-889-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)