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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733630** (8)
1. Corporation Name
STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORPORATED

Principal Place of Business Mailing Address
812 LINCOLN AVENUE **P.O. BOX 2711**
STUART FL 34995 **STUART FL 34995-2711**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1975	3a. Date of Last Report 06/02/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0339065		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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

TABONE, WILLIAM H
1197 SW ITHACA ST
PORT ST LUCIE FL 34983

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
P TABONE, WILLIAM H 1197 SW ITHACA ST PORT ST LUCIE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT WILLIAM H. TABONE 1197 SW ITHACA ST PORT ST LUCIE, FL
<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
VIOLA, CHRISTINA 105 N. SEWALLS PT. RD. STUART FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TRUSTEE CHRISTINA VIOLA 105 N. SEWALLS PT RD STUART FL
<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
VP RIZZOTTO, SAL 231 SE MONTEREY AVE STUART FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition VICE-PRESIDENT SAL RIZZOTTO 231 SE MONTEREY AVE STUART FL
<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
T GENCO, VINCENT 481 S.E. WHITMORE DR. PORT ST LUCIE FL 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRUSTEE VICTOR VIOLA 481 SE WHITMORE DR PORT ST LUCIE FL 34984
<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
T SANTORO, ANTHONY 6351 SE LILLIAN COURT STUART FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition TRUSTEE ANTHONY SANTORO 6351 SE LILLIAN COURT STUART FL 34997
<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
RS GIUMMO, GERALDINE 150 FAIRWINDS DRIVE STUART FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition RECORDING SEC. GERALDINE GIUMMO 150 FAIRWINDS DR STUART FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **WILLIAM H. TABONE** PRESIDENT 4/3/97

CR2E037 (9/96)