

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005085 (4)

1. Corporation Name
STONEYBROOK INVESTMENT COMPANY, INC.



Principal Place of Business: **2828 CROASDAILE DR. DURHAM NC 27704**
Mailing Address: **2828 CROASDAILE DR. DURHAM NC 27704**

3. Date Incorporated or Qualified: **10/19/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **56-1874492**
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: [Blank]
2a. Mailing Address: [Blank]
21. Suite, Apt #, etc: [Blank]
26. Suite, Apt #, etc: [Blank]
22. City & State: [Blank]
27. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
28. Zip: [Blank] Country: [Blank]
24. Zip: [Blank] Country: [Blank]
25. Zip: [Blank] Country: [Blank]
29. Zip: [Blank] Country: [Blank]
30. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
**THOMPSON, MARY E
2400 E COMMERCIAL BLVD, STE. 324
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81. Name: **PEGGY CONRAD**
82. Street Address (P.O. Box Number is Not Acceptable): **7900 GLADES RD.**
83. [Blank]
84. City: **SUITE 610 BOCA RATON** FL 85. Zip Code: **33433**

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: *Peggy Conrad* 8/8/96
Signature of registered agent with the jurisdiction (NOTE: Registered Agent signature required when first filing) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | S/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALLS, BERTRAM E. M.D. | 1.2 NAME | WEGNER, ANITA |
| STREET ADDRESS | 2828 CROASDAILE DR. | 1.3 STREET ADDRESS | 2828 CROASDAILE DR. |
| CITY-ST-ZIP | DURHAM NC 27704 | 1.4 CITY-ST-ZIP | DURHAM, NC 27705 |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | AS/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, THOMAS M II | 2.2 NAME | PERPERRY, MITCHELL W. |
| STREET ADDRESS | 2828 CROASDAILE DR. | 2.3 STREET ADDRESS | 2828 CROASDAILE DR. |
| CITY-ST-ZIP | DURHAM NC 27704 | 2.4 CITY-ST-ZIP | DURHAM, NC 27705 |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PLYLER, DAVID B | 3.2 NAME | |
| STREET ADDRESS | 2828 CROASDAILE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DURHAM NC 27704 | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEGNER, ANITA | 4.2 NAME | |
| STREET ADDRESS | 2828 CROASDAILE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DURHAM NC 27704 | 4.4 CITY-ST-ZIP | |
| TITLE | AS <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOCKLEAR, NANCY L | 5.2 NAME | |
| STREET ADDRESS | 2828 CROASDAILE DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DURHAM NC 27704 | 5.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, MITCHELL W | 6.2 NAME | |
| STREET ADDRESS | 2828 CROASDAILE DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DURHAM NC 27704 | 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M. Johnson II* 8/5/96 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas M. Johnson, II

CR2E034 (3/96)