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 # **H37345** **(6)**

1. Corporation Name

STONEBRIDGE PROJECT, INC.

Principal Place of Business

% TERENCE P. MCCARTHY-DESANTIS. COOK ET
2081 E OCEAN BLVD.. SUITE 2-A
STUART FL 34996

Mailing Address

% TERENCE P. MCCARTHY-DESANTIS. COOK ET
2081 E OCEAN BLVD.. SUITE 2-A
STUART FL 34996

3. Date Incorporated or Qualified: **01/07/1985**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-2489337** [ ] 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. Is this a publicly traded company, as defined in the Securities Act of 1933 and the Securities Exchange Act of 1934? [ ] Yes [ ] No

2. Principal Place of Business

21 [ ]
Suite, Apt. #, etc.
22 [ ]
City & State
23 [ ]
Zip 24 [ ] County 25 [ ]

2a. Mailing Address

26 [ ]
Suite, Apt. #, etc.
27 [ ]
City & State
28 [ ]
Zip 29 [ ] County 30 [ ]

9. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P.
2081 E OCEAN BLVD
SUITE 2-A
STUART FL 33494

10. Name and Address of New Registered Agent

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 Section [illegible] Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that it may be required to pay a fee for this change. The registered agent has agreed to act in this capacity, is familiar with, and accepts the obligations of, Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	KEATHLEY, TERRY	
STREET ADDRESS	6510 SE HERITAGE BLVD.	
CITY, ST, ZIP	HOBE SOUND FL	
TITLE	VP	[ ] DELETE
NAME	KENNY, THOMAS G., III	
STREET ADDRESS	6510 SE HERITAGE BLVD.	
CITY, ST, ZIP	HOBE SOUND FL	
TITLE	ST	[ ] DELETE
NAME	ODOARDI, NANCY P.	
STREET ADDRESS	6510 SE HERITAGE BLVD.	
CITY, ST, ZIP	HOBE SOUND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Add
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	[ ] Change	[ ] Add
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	[ ] Change	[ ] Add
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	[ ] Change	[ ] Add
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	[ ] Change	[ ] Add
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	[ ] Change	[ ] Add
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

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14. I do hereby certify that the information supplied in Blocks 1 through 13 is accurate and that I am familiar with the requirements of Section [illegible] Florida Statutes. I further certify that the information indicated on the current registered agent and/or registered office in accordance with Section [illegible] Florida Statutes and that my name appears in Block 12 or Block 13 if changed or added by amendment or is the person designated by Section [illegible] Florida Statutes and that my name appears in Block 12 or Block 13 if changed or added by amendment.

SIGNATURE: Nancy P Odoardi 4.15.96 4072209717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy P Odoardi