

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 # K62834 (2)

1. Corporation Name

STUART INTERNATIONAL CORP.



Principal Place of Business

10462 N.W. 31 TERR.
MIAMI FL 33172
US

Mailing Address

10462 N.W. 31 TERR.
MIAMI FL 33172
US

2. Principal Place of Business

21 7601 SW Lost River Rd.

2a. Mailing Address

26 7601 SW Lost River Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Stuart, FL

City & State

28 Stuart, FL

Zip

24 34997

Country

25 USA

Zip

29 34997

Country

30 USA

9. Name and Address of Current Registered Agent

MARTIN TABOR & ASSOCIATES
10462 N.W. 31 TERR.
SUITE 1612
MIAMI FL 33172

3. Date Incorporated or Qualified

02/02/1989

3a. Date of Last Report

04/26/1995

4. FFI Number

59-1706070

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

Yes

□ No

10. Name and Address of New Registered Agent

81 Name

Martin Tabor & Associates

82 Street Address (P.O. Box Number is Not Acceptable)

7601 SW Lost River Rd.

83

84

City

Stuart

FL

85

Zip Code

34997

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] PRESIDENT

4/11/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TABOR, MARTIN A.
STREET ADDRESS 7320 SW 146 ST
CITY-ST-ZIP MIAMI 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

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature] PRESIDENT

4/29/96 (407) 220-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Phone #

CR2E034 (12/95)