## Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90074 032 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000050465
Corporation Name	. 00000000 100

STOUFF	er industries, inc.					
Principal Place	e of Business	Mailing Address		-{ I (BENTEN) FIN TONDE FINT DOWN COND.		DINDA BANI ABDI
24612 E. HWY ! CHRISTMAS FL US	50	496 VILLA NOVA POINT LONGWOOD FL 32779		DO NOT WRITE IN TH	IS SPACE	
}	•	•		Date Incorporated or Qualifed     07/14/1993	· ·	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26 P.O. BOX	169	59-3195837	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State	е	City & State  28 CHRISTMA	S.FL	6. Election Campaign Financing Trust Fund Contribution	\$5:00 Added to	
Zip	Country 25	Zip 29 <b>32</b> 709 3	Country	This corporation owes the current year I     Personal Property Tax.		□No
-	9. Name and Address of Curren	<del></del>	1	10. Name and Address of New Registere	d Agent	
STO	UFFER, LANCE J	MARKS	81 Name	- SAME		
<b>\</b> 496	VILLA NOVA POINT	ADDRESS CHANGE	24612	ess (P.O. Box Number is Not Acceptable)		
LON	GWOOD FL 32779	chiling	83	•		
			84 City H	RISTMAS F	L 85 Zip	2709
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligar	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named corp	RISTIMAS  oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered gistered
office or reagent. I a	egistered agent, or both, in the State m familiar with, and accept the obligate the colligate the colligate the collins are th	2 and 607.1508, Florida Statutes of Florida. Such change was autr tions of, Section 607.0505, Florid	, the above-named corp norized by the corporation a Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered gistered
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6.4 CITY-ST-ZIP 14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attraction with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

☐ Addition

☐ Addition

Change

Change