2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000034628

1. Entity Name

STUART SOUTH CORPORATION



Principal Place of Business

707 S.E. 3RD AVE.

SUITE 400 FT. LAUDERDALE, FL 33316 Mailing Address

707 S.E. 3RD AVE.

SUITE 400

FT. LAUDERDALE, FL 33316





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01072004	No Chg-P	CR2E034 (10/03)			
4. FEI Number			Applied For		
65_0591	304	្រែ	Rint Anniinni		

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

DISQUE, PHILIP A 707 S.E. 3RD AVE. SUITE 400

FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_				s #s			
	Signature, typed or printed name of registered agent and title i	fapplicable, (NOTE, Registered A	gent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financia Trust Fund Contribution.	ja 🗖	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	· · · · ·	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DISQUE, PHILIP A 707 S.E. 3RD AVE., STE. 400 FT. LAUDERDALE, FL 33316				11000 000 07069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DISQUE, MELISSA 707 SE 3RD AVENUE SUITE 400 FORT LAUDERDALE, FL 33316	·	00000007069 01/20/04-80008-013 150.00				
THTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF VINING DELIFER OR ORGERYO

12004

(954764-4500