

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S92795 (1)**  
1. Corporation Name  
**STOFURNCO, INC.**



Principal Place of Business: **4841 PEMBROKE ROAD HOLLYWOOD FL 33021**  
Mailing Address: **4841 PEMBROKE ROAD HOLLYWOOD FL 33021**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
4855 PEMBROKE Rd.		4855 Pembroke Rd.		11/07/1991		04/25/1995		65-0295195	
City & State		City & State		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Hollywood FL		Hollywood FL		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 33021 Country USA		Zip 33021 Country USA		Additional Fee Required		May Be Added to Fees			
				\$8.75		\$5.00			

9. Name and Address of Current Registered Agent  
**CLIVE METZ  
4841 PEMBROKE RD  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
81 Name: **CLIVE METZ**  
82 Street Address (P.O. Box Number is Not Acceptable): **4855 Pembroke Road.**  
83  
84 City: **Hollywood** FL 85 Zip Code: **33021**

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]*  
Signature, typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent's signature required when substituting.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEYZ, CLIVE	
STREET ADDRESS	18181 NE 31 CT 410T	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GROLL HAROLD	
STREET ADDRESS	2324 NE 20TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	METZ, CLIVE	
1.3 STREET ADDRESS	18181 NE 31 CT 410T	
1.4 CITY - ST - ZIP	N MIAMI BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 954-983-3210  
Date Time Phone #

CR2E034 (12/95)