

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

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S92795 (1)**

1. Corporation Name  
**STOFURNCO, INC.**



Principal Place of Business <b>4855 PEMBROKE RD HOLLYWOOD FL 33021 US</b>	Mailing Address <b>4855 PEMBROKE RD HOLLYWOOD FL 33021-6100 US</b>
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3. Date Incorporated or Qualified <b>11/07/1991</b>	3a. Date of Last Report <b>03/25/1996</b>
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2. Principal Place of Business 21 <b>3121 W HALLANDALE BCH BLVD</b>	2a. Mailing Address 26 <b>3121 W. HALLANDALE BCH BLVD</b>
Suite, Apt. #, etc. 22 <b>SUITE # 114</b>	Suite, Apt. #, etc. 27 <b>SUITE # 114</b>
City & State 23 <b>HALLANDALE FL</b>	City & State 28 <b>HALLANDALE FL</b>
Zip 24 <b>33009</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33009</b>	Country 30 <b>USA</b>

4. FEI Number <b>65-0295195</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**METZ, CLIVE**  
**4855 PEMBROKE RD**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name <b>METZ CLIVE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3121 W. HALLANDALE BCH. BLVD.</b>
83 <b>SUITE # 114</b>
84 City <b>HALLANDALE</b>
85 Zip Code <b>FL 33009</b>

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]* DATE: **4/7/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>METZ, CLIVE</b>	
STREET ADDRESS	<b>18181 NE 31CT 410 T</b>	
CITY - ST - ZIP	<b>N MIAMI BCH FL</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GROLL HAROLD</b>	
STREET ADDRESS	<b>2324 NE 20TH ST</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/7/97** DAYTIME PHONE: **954-983-3210**

CR2E034 (9/96)