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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48528** (6)

1. Corporation Name

STUART FLYRODDERS, INC.

Principal Place of Business

**3585 SE ST. LUCIE BLVD.
STUART FL 34997**

Mailing Address

**3585 SE ST. LUCIE BLVD.
STUART FL 34997-5433**



3. Date Incorporated or Qualified **04/20/1992** 3a. Date of Last Report **01/11/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0415905	<input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	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

**DEVITO, RICHARD D
3585 SE ST. LUCIE BLVD.
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VP
NAME	MULLINEX, SAM	1.2 NAME	Tom Walker
STREET ADDRESS	6254 SE THOMAS DR.	1.3 STREET ADDRESS	686 S.W. Terrace
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Palm City FL 34990
TITLE	TD	2.1 TITLE	
NAME	EVANS, DON	2.2 NAME	
STREET ADDRESS	10600 SO OCEAN DR. #901	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Steve Berterson, Tr.
NAME	BOMEISSLER, DOUG	3.2 NAME	3286 S.W. Perimeter Rd
STREET ADDRESS	1108 NE QUINN PLACE	3.3 STREET ADDRESS	Palm City FL 34990
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Mike Holiday Sec
NAME	EVANS, DAVE	4.2 NAME	83 Las Vegas Dr
STREET ADDRESS	1225 PINE LAKE	4.3 STREET ADDRESS	Jensen Beach FL 34997
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DEVITO, RICH	5.2 NAME	
STREET ADDRESS	1700 N. FEDERAL HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)