

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **332904** (2)

1. Corporation Name
STEMBRIDGE REAL ESTATE CO INC

Principal Place of Business Mailing Address
6942 N.W. 7TH AVE. 6942 N.W. 7TH AVE.
MIAMI FL 33150 MIAMI FL 33150

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/25/1968 3a. Date of Last Report 04/05/1994

4. FEI Number 59-1218891 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 544 N.E. 126th STREET 26 544 N.E. 126th STREET

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 NORTH MIAMI, FL. 28 NORTH MIAMI FL.

24 Zip 25 Country 29 Zip 30 Country
33161 DADE 33161 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEMBRIDGE, COMER
202 N. KROME AVENUE
HOMESTEAD FL 33030

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME STEMBRIDGE, COMER
STREET ADDRESS 202 N. KROME AVENUE
CITY- ST- ZIP HOMESTEAD FL 33030

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE SD
NAME STEMBRIDGE, HOMER
STREET ADDRESS 544 N.E. 126TH STREET
CITY- ST- ZIP NORTH MIAMI FL 33161

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE D
NAME STEMBRIDGE, JOHN
STREET ADDRESS 545 N.E. 126TH STREET
CITY- ST- ZIP NORTH MIAMI FL 33161

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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: *Homer Stemberidge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

4-25-95 (305) 891-4329
DATE TELEPHONE