

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 # 541789

(4)

1. Corporation Name

S.T.S., INC.

Principal Place of Business

6523 N BLACK CANYON HWY  
STE 100  
PHOENIX AZ 85015  
US

Mailing Address

450 AUSTRALIAN AVE SOUTH  
STE 860  
WEST PALM BEACH FL 33401  
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4440 PGA BOULEVARD

Suite, Apt. #, etc.

27 SUITE 600

City & State

28 PALM BEACH GARDENS, FLORIDA

29 Zip Country

30 33410 U.S.A.

3. Date Incorporated or Qualified

07/28/1977

3a. Date of Last Report

02/06/1995

4. FEI Number

59-1752192

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME BETLACH, DOUGLAS  
STREET ADDRESS 450 AUSTRALIAN AVE SO #860  
CITY-STATE-ZIP W PALM BEACH, FL 00000

TITLE P  
NAME SCHNEE, JOHN  
STREET ADDRESS 6523 N. BLACK CANYON HWY  
CITY-STATE-ZIP PHOENIX AZ

TITLE S  
NAME FRAZIER, PATRICIA  
STREET ADDRESS 450 AUSTRALIAN AVE #860  
CITY-STATE-ZIP ORLANDO FL

TITLE DC  
NAME PLEDGER, THOMAS R.  
STREET ADDRESS 450 AUSTRALIAN AVE S-860  
CITY-STATE-ZIP W PALM BEACH, FL 00000

TITLE D  
NAME ADAMS, LOUIS W J  
STREET ADDRESS 450 AUSTRALIAN AVE SO #860  
CITY-STATE-ZIP W PALM BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600

1.4 CITY-STATE-ZIP PALM BEACH GARDENS, FLORIDA 33410

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600

3.4 CITY-STATE-ZIP PALM BEACH GARDENS, FLORIDA 33410

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 440 PGA BOULEVARD, SUITE 600

4.4 CITY-STATE-ZIP PALM BEACH GARDENS, FLORIDA 33410

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600

5.4 CITY-STATE-ZIP PALM BEACH GARDENS, FLORIDA 33410

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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]*

TREASURER

1/23/96

Date

(407) 627-7171

Daytime Phone

CR2E034 (12/95)