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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
4440 PGA BOULEVARD  
SUITE 600  
PALM BEACH GARDENS FL 33410-6542  
US

3. Date Incorporated or Qualified  
07/28/1977

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1752192

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
NAME: BETLACH, DOUGLAS  
STREET ADDRESS: 4440 PGA BOULEVARD, SUITE 800  
CITY-ST-ZIP: PALM BEACH GARDENS FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

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

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

S  
NAME: FRAZIER, PATRICIA  
STREET ADDRESS: 4440 PGA BOULEVARD, SUITE 600  
CITY-ST-ZIP: PALM BEACH GARDENS FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

DC  
NAME: PLEDGER, THOMAS R.  
STREET ADDRESS: 4440 PGA BOULEVARD, SUITE 600  
CITY-ST-ZIP: PALM BEACH GARDENS FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

VICE PRESIDENT/DIRECTOR

Change Addition

D  
NAME: ADAMS, LOUIS W J  
STREET ADDRESS: 4440 PGA BOULEVARD, SUITE 600  
CITY-ST-ZIP: PALM BEACH GARDENS FL

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Daytime Phone #

0303514

CR2E034 (9/96)