

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 556127

1. Corporation Name
STOTTLER STAGG INTERNATIONAL, ARCHITECTS, ENGINEERS, PLANNERS, INC.

Principal Place of Business 8680 N. Atlantic Ave. Cape Canaveral, FL 32920	Mailing Address P.O. Box 1630 Cape Canaveral, FL 32920
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/28/1977	4. FEI Number 59-1989217	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
22. City & State	27. City & State	23. Zip	28. Zip	29. Country
24. Zip	25. Country	30. Zip	31. Country	

9. Name and Address of Current Registered Agent Richard H. Stottler, Jr. 8680 N. Atlantic Avenue Cape Canaveral, FL 32920	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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPres <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stottler, Richard H., Jr.	12 NAME	
STREET ADDRESS	8680 N. Atlantic Ave.	13 STREET ADDRESS	
CITY-ST-ZIP	Cape Canaveral, FL 32920	14 CITY-ST-ZIP	
TITLE	DSRV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kazmierczak, E.J.	22 NAME	
STREET ADDRESS	8680 N. Atlantic Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	Cape Canaveral, FL 32920	24 CITY-ST-ZIP	
TITLE	DSRV <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pekar, John A.	32 NAME	
STREET ADDRESS	8680 N. Atlantic Ave.	33 STREET ADDRESS	
CITY-ST-ZIP	Cape Canaveral, FL 32920	34 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deevers, Judith C.	42 NAME	
STREET ADDRESS	8680 N. Atlantic Ave.	43 STREET ADDRESS	
CITY-ST-ZIP	Cape Canaveral, FL 32920	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	500002481523
STREET ADDRESS		53 STREET ADDRESS	-04/07/98--01014--032
CITY-ST-ZIP		54 CITY-ST-ZIP	***158.75
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: *Richard H. Stottler, Jr.* **4/1/98** **407-783-1320**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (10/97)