

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

FILED

**Apr 28 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 # 573674 (9)
1. Corporation Name
FRED STOLLE, INC.



Principal Place of Business: **20101 N.E. 25TH AVENUE NORTH MIAMI BEACH FL 33180**
Mailing Address: **20101 N.E. 25TH AVENUE NORTH MIAMI BEACH FL 33180-1822**

3. Date Incorporated or Qualified: **05/25/1978** 3a. Date of Last Report: **04/08/1996**
4. FEI Number: **86-0322534** 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: **21 19355 TURNBERRY WAY SUITE, APT. #, etc. #26 GR AVENTURA FL. 33180**
2a. Mailing Address: **26 19355 TURNBERRY WAY SUITE, APT. #, etc. #26 GR AVENTURA FL. 33180**
24. Zip: **33180** 25. Country: **U.S.A.** 29. Zip: **33180** 30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent

**STOLLE, FRED
20101 N.E. 25TH AVENUE
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name: **STOLLE FRED**
82 Street Address (P.O. Box Number is Not Acceptable): **19355 TURNBERRY WAY**
83: **#26 GR**
84 City: **AVENTURA FL** 85 Zip Code: **33180**

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: *Fred Stolle* (NOTE: Registered Agent signature required when reinstating) DATE: **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STOLLE, FRED	
STREET ADDRESS	20101 NE 25TH AVE.	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STOLLE FRED	
1.3 STREET ADDRESS	19355 TURNBERRY WAY #26 GR.	
1.4 CITY - ST - ZIP	AVENTURA FL 33180	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred Stolle* **PRÉSIDENT** DATE: **4/28/97** DAYTIME PHONE #: **(305) 932-3196**

CR2E034 (9/96)