FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **654396** **(1)**

1. Corporation Name

STONE STAR CORPORATION

Principal Place of Business	Mailing Address
508 LUCERNE AVENUE LAKE WORTH FL 33460	508 LUCERNE AVENUE LAKE WORTH FL 33460

3. Date Incorporated or Qualified: **01/31/1980**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2024652** ☐ 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 7894 MANOR FOREST BND	26 P.O. Box 6987
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOYNTON BEACH, FL	28 City & State: LAKE WORTH, FL
24 Zip: 33462 25 Country	29 Zip: 33466-6987 30 Country

9. Name and Address of Current Registered Agent

LAMMI, EDWIN
508 LUCERNE AVENUE
LAKE WORTH FL 33460

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 607.1506, 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 making this filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LAMMI, EDWIN W		12 NAME		
STREET ADDRESS	ONE DUKE DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		14 CITY ST-ZIP		
TITLE	~~ST~~	☐ DELETE	21 TITLE	ST	☐ Change ☑ Addition
NAME	~~TAPIO ANTTILA~~		22 NAME	TAPIO ANTTILA	
STREET ADDRESS	~~90~~		23 STREET ADDRESS	7894 MANOR FOREST BND	
CITY-ST-ZIP			24 CITY ST-ZIP	BOYNTON BEACH, FL 33462	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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 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 this 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: _____ 04/24/96 407-642-9194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TAPIO ANTTILA

CR2E034 (12/95)