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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 687308

(7)

S.A. MONTAGUE, INC.

Principal Place of Business		Mailing Address				f ingiln girni thill ikant tieri aniai int	* 81841 91911 9191	1 MINIS MENI	DIDIT IEDI
307 NW 10 TERRACE Hallandau Fl 33009		20003 ST. ANDREWS RD. HOLLYWOOD FL 33021							
US		US						•	
						3. Date Incorporated or Qualified 09/10/1980	3a. Date 05/01	of Last R /1996	leport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 00,01	* • • • • • • • • • • • • • • • • • • •	pplied For
21		26	26			59-2061540 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				g, Certificate of dialus Desired		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing			May Be
23	Country	28	Cour			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country 30			B. This corporation has liability for Florida Statutes	intangibłe ta □ Yes □		. 199.032,
24	25 9. Name and Address of Curre	29 nt Registered Agent				10. Name and Address of New Registered Agent			
STE	WART, STEPHEN			B1 N	Vame	10.			
2003 ST. ANDREWS RD.				20 6	20	(F.O. F. 1)	111		
	LYWOOD FL 33021		'	82 S	Street Addre	ess (P.O. Box Number is Not Accepta	Die)	•	,
,,,,,			Ī	B3			· · · · · · · · · · · · · · · · · · ·		
			 -	B4 (City			85 Zip (Code
					JII y		FL	65	COLDE
11. Pursuant	to the provisions of Sections 607.056	02 and 607, 1508, Florida Sta	tutes, the abo	ove-n	amed corpo	oration submits this statement for the on's board of directors. I hereby acce	purpose of ch	nanging it	is registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	ites.	e corporant	on's board of directors. Thereby acce	brille appoir	iiiieiii as	registered
SIGNATURE									
	Signature, typed or printed name of registered ag	ent and title if applicable (N ID DIRECTORS		Agent s	ignature require	d when reinstating)	DATE	UDCOTOS	
12.	S	DELETE	13. 1,1 Tift	ţ		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	STEWART, STEPHEN	—	1.2 NAM				_	2 01/21/80	
STREET ADDRESS	2003 ST. ANDREWS RD.		1.3 STR		DRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY						
TITLE	P	DELETE	2.1 TITL					Change	Addition
NAME	STEWART, MONTAGUE	,	2.2 NAN	2.2 NAME		Xcanso			
STREET ADDRESS	3800 NORTH HILLS DRIVE #4	109	2 3 STA	EET ADE	DRESS	200			
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CIT	Y-ST-Z	ZIP				
TITLE	V □ DELETE		31 TITL	.£				Change	Addition
NAME	STEWART, LILLIAN		3.2 NAN	3.2 NAME					
STREET ADDRESS	3800 NORTH HILLS DRIVE #4	109	3.3 STR	EET ADI	DRESS				
CITY-ST-ZIP	HOLLYWOOD FL	· · · · · · · · · · · · · · · · · · ·	3.4. CIT	Y+\$1-2	ZIP				
TITLE		DELETE	4,1 TITL	E				Change	☐ Addition
NAME			4. 2 NAI	ME					
STREET ADDRESS			4.3 STR		1				
CITY-ST-ZIP		DELEVE	4.4 CITY		IP			10	A delite
TITLE		DELETE	5.1 7(TL				L] Change	■ Addition
NAME			5.2 NAN						
STREET ADDRESS	•		5.3 STR						
CITY-ST-ZIP TITLE	r ·	DELETE	5.4 CITY 6.1 TITL		IF			Change	Addition
TITLE	•	المال	6.1 11/L				L.	, countys	
NAME STORET ADDOCSO			0 2 NAN	nc					

14. 1 do herby certify that the information supplied 4th 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statuter, and that my name appears in Block 12 or Block 13 if changed, byten an attachment with an address.