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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05937

Principal Place of Business

(0)

Mailing Address

J. M. STEWART, CORPORATION

2201 CANTU CT STE 217 SARASOTA FL 34232 US			2201 CANTU CT STE 217 SARASOTA FL 34232-8255 US					3	Date Inc	oroorate	od or Ou	alified	ا وم ا	lo ate	act Re	unort		
				-					"						Date of Last Report 1/15/1996			
2. Principal Place of Business				2a. Mailing Address				4.	. FEI Num	ber			<u></u>	L		plied For		
21				26					59-2 0	35829	<u> </u>					Applicable		
Suite, Apt. #, etc.				27	 				5. Certificate of			Status Desired			F	\$8.75 Additional Fee Required		
City & State				City & St	City & State				6.	Election :		_	icing				May Be	
Zip Country			Zip	+ · · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution L 8. This corporation has liability for inter							100 032		
24	25			29	<u></u> ⊢				"	Florida Statutes Yes No							199.032,	
			ss of Current	Registered Age			_		10.	. Name a		ess of h	New Re	gistered	Agent			
	WART, J. N					81	Ī	Name										
	I CANTU C	TC				82	2	Street A	Address (P.O. Box N	lumber	is Not Ad	cceptab	le)			P-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
STE 217 Sarasota Fl 34232						83	1			·····						•		
JAN	ASUIA FL	. 34232					_											
						84		City						FL	85	Zip C		
11. Pursuant to office or reacont. Lar	to the provis egistered aç ım familiar w	sions of Sect gent, or both ath, and acc	ions 607.0502 i, in the State o ent the obligat	and 607.1508, F of Florida. Such c ions of, Section I	Florida Statutes change was au 607 0505, Flor	s, the above uthorized b	ve-	named of the corp	corporation's	on submits board of d	this sta lirectors	tement f	or the p	urpose o	f chang pointme	ing its nt as r	registered egistered	
SIGNATURE.			•										***********					
12.	Signation Typing		of registrated agent FFICERS AND	and trie if applicable.	(NOTE:	Registered Ag	eni	l signature i		n reinstating) ADDITION	IS/CHAN	IGES TO) OFFIC	DATE FRS ANI) DIREC	TORS	2 IN 12	
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NAME	STEWAR	IT, MELVIN	J	_	-	1.2 NAME									h	u.,y-	hand reconstruction	
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Till.E	VPS			L	DELETE	2.1 TeTLE		-2"				*********			☐ Chi	ange	Addition	
NAME		ZEL, PAME				2.2 NAME			ļ									
STREET ADDRESS		intu ct si	IE 217			2.3 STREE	ΤA	NDORESS	ļ									
CITY - ST - ZIP	SARASO	TA FL				2. 4 CITY-	-ST	- 2 1P										
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NAME		IER, J. WILI				3.2 NAME			ļ						- 1			
STREET ADDRESS		STATE ROA	AD 434			3.3 STREE	ΤA	ADDRESS										
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appears in	n Block 12 c	or Block 13 if	Lchanged, or c	on an attachmen	it with an addr	ress.	~		00011.001	oquiroc o,	, Diapi	001,1	ionaa Çi	tatatoo, t	area tricat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

SIGNATURE:

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Feb 28 1997 8:00am

Secretary of State