

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 # **F73213** (3)
1. Corporation Name
STANLEY ENTERPRISE, INC.

Principal Place of Business
**291 SUNNY ISLES BLVD.
NO. MIAMI BCH. FL 33160-4208**

Mailing Address
**291 SUNNY ISLES BLVD.
NO. MIAMI BCH. FL 33160-4208**



FILED
Mar 24 1997 8:00am
Secretary of State

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/23/1982

3a. Date of Last Report
03/19/1996

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number
59-2235024

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. 25.

29. 30.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIRSCH, LORRAINE
1031 NE 203RD LANE
NO. MIAMI BCH. FL 33179**

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 607.0602 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

Signature of the person making the change (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **HIRSCH, LORRAINE**
STREET ADDRESS **1031 NE 203RD LANE**
CITY-STATE-ZIP **N MIAMI BCH, FL 00000**

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 included 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 on Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Lorraine Hirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRAINE HIRSCH
3/19/97

CR2E034 (9/96)