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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002453 (8)

STINSON'S LIMITED, INC.

Q1M40C									
Principal Place of Business		Mailing Address				I INDIANG RIVO POLITI AND IN OUT IN THE	II OBIII OBIIA IIVII		10 10 1
#1-AG		#1-AG							
444 WEST 49TH STREET NEW YORK NY 10019		444 WEST 49TH STREET NEW YORK NY 10019			DO NOT WRITE	IN THIS SPAC	Έ		
						3. Date Incorporated or Qualified			
ļ		- 				05/11/1994			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			plied For
21		26 930 to suite Suite, Apr # otc.		٤	13-3749429			t Applicable	
Suite, Apt. #, etc.		L	them to the second of the seco			5. Certificate of Status Desired			Additional
City & State			City & State					Fee Re	<u> </u>
23			28 DEETSIEKI BESCH, FR		7.	Election Campaign Financing Trust Fund Contribution		5.00	
Zip			Country		_			Added to	
24	25	29 33992	30	,		This corporation owes or has paid Personal Property Tax due June 3			angibie] No
124	9, Name and Address of Current Registered Agent		1301	30		10. Name and Address of New Registered Agent			
MC	<u> </u>		81	Name					·
MCGRATH, ADA MS 801 S. FEDERAL HIGHWAY #315				ļ					
1	MPANO BEACH FL 33062		82 Street Addres			ss (P.O. Box Number is Not Acceptabl	e)		
'	MITANO DENOTITE 33002		83	<u> </u>					
			84	City			FL 85	Zip C	Code
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tes the abov	 /e-named	corpor	ration submits this statement for the pu		Daina its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corp	poratio	n's board of directors. I hereby accept	t the appointm	nerit as	registered
I •	m familiar with, and accept the obliga	mons of Section 607.0505, F	orida Siaidie	s.					
SIGNATURE	Signature: typed or printed runne of repolition diagram	of and title if acula able (NO)	II : Registered Ar	ent signature	required	when reinstating)	DATE		
12.	OFFICERS AN		13.	_		ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12
TITLE	C	DELETE	1.1 HILE					Change	Addition
NAME	AME HERMAN, BRUCE A			1.2 NAME					
STREET ADDRESS 444 WEST 49TH STREET #1-AG			1.3 \$1REE	1.3 STREET ADDRESS					
CITY-\$1-ZIP	NEW YORK NY 10019		1.4 CHY-	S1-ZIP					
TITLE	VC	VC DELETE		2.1 TITLE			<u> </u>	Change	Addition
NAME	SCHOCH, MARTIN K		2.2 NAME		50	HOCH, MARTING	u.		ļ
STREET ADDRESS 444 WEST 49TH STREET #1-AG			2 3 STREE	2 3 STREET ADDRESS		CHOCH, MARTIN W. 30 VETFERSON DR. #309 DEERTIED DEMCH, TL 33442			
CITY-ST-ZIP	NEW YORK NY 10019		2 4 C/TY-	ST-ZIP	DE	ENFIELD DEACH TO	_ 33447	<u>></u>	
TITLE	DELET		3 1 1 ITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	1 ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-7IP					}
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-\$1-ZIP			4.4 CITY-	ST-ZIP					
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						ł
STREET ADDRESS			4	1 ADDRESS					
CITY-ST-ZIP			5 4 CITY -						
TITLE		DELETE	61 TITLE		_			Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					

14. Thereby 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.

6.4 CITY-ST-ZIP