

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000002453 (8)

1. Corporation Name
STINSON'S LIMITED, INC.

Principal Place of Business

#1-AQ
444 WEST 40TH STREET
NEW YORK NY 10019

Mailing Address

#1-AQ
444 WEST 40TH STREET
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

19-8749420

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

19. Name and Address of New Registered Agent

MOGRATH, ADA MS
801 S. FEDERAL HIGHWAY #315
POMPANO BEACH FL 33062

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

86. Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 person filing this report (Agent, Director, or Officer)

(If filer is Registered Agent, signature required with filing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HERMAN, BRUCE A
444 WEST 40TH STREET #1-AQ
NEW YORK NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
SCHUCH, MARTIN K
444 WEST 40TH STREET #1-AQ
NEW YORK NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 NAME
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400002874574-
-05/13/99--01103--023
****150.00 ****150.00

VP
SCHUCH, MARTIN K.
430 JEFFERSON DR. #304
DEERFIELD BEACH, FL 33442

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN SCHUCH

4/29/99

KA 428-1997

Use Pre-1998 Form 1097