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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000005363 (6)

1. Corporation Name  
STEPHEN T. FOLEY INC.



Principal Place of Business: 4455 DARDANELLE DRIVE D ORLANDO FL 32808 US

Mailing Address: 5029 MAUI CIRCLE ORLANDO FL 32808-1731 US

3. Date Incorporated or Qualified: 10/17/1994

3a. Date of Last Report: 03/12/1996

4. FEI Number: 04-3157331

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

FOLEY, STEPHEN T  
5029 MAUI CIRCLE  
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. 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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	President/Director
NAME	FOLEY, STEPHEN T	12 NAME	Foley, Stephen T.
STREET ADDRESS	5029 MAUI CIR.	13 STREET ADDRESS	5029 Maui Circle
CITY - ST - ZIP	ORLANDO FL 32808	14 CITY - ST - ZIP	Orlando, FL 32808
TITLE		21 TITLE	Treasurer/Director
NAME		22 NAME	Rumplik, Marilyn
STREET ADDRESS		23 STREET ADDRESS	21 Mystic Street
CITY - ST - ZIP		24 CITY - ST - ZIP	Brockton, MA 02402
TITLE		31 TITLE	Clerk/Director
NAME		32 NAME	Foley, Stephen P.
STREET ADDRESS		33 STREET ADDRESS	44 Delmar Road
CITY - ST - ZIP		34 CITY - ST - ZIP	Brockton, MA 02402
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 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: \_\_\_\_\_ DATE: 4/4/97

SIGNATURE AND TYPED OR PRINTED NAME OF FILER OR DIRECTOR

Daytime Phone #: 407-292-2827

CR2E034 (9/96)