## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

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DOCUN 1. Corporation	MENT # F9500	000	02927 (0)	)			
STUAR	T MANAGEMENT CORPO	IOITAR	N				E HOTHOT ING 1860 DUN ETNI DOIN DOIN DOIN DOIN DOIN DOING NEID ION TOU THE TOU
Principal Place	of Business	 M	ai⊪ng Address				
819 S. FEDERAL HIGHWAY SUITE 203 STUART FL 34994-2952			819 S. FEDERAL HIGHWAY SUITE 203 STUART FL 34994-2952				
SIONNI TE S	M354-2402		31DAN1 1E 343342302				3. Date Incorporated or Qualified 06/16/1995 3a. Date of Last Report
2. Principal Pla	ce of Business	ı	. Mailing Address				4. FEI Number Applied For 61-1044839 Not Applied by Applied For Not Applied For Not Applied For Not Applied For Applied For Not Applied For No
21   Suite, Apt. #	nto.	26	Suite, Apt. #, etc				SR 75 Additional
22	, 60	27	State, Apr. 4, Ctc				5. Certificate of Status Desired Fee Required
City & State			City & State		.=		6. Election Campaign Financing \$5.00 May Be
23		28	2	T 00.			Trust rund Contribution — Added to Fees
Ζιρ <b>24</b>	Country [25]	29	Zip	30 Cou	ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   【 Yes □ No
24	9. Name and Address of Curre	L	itered Agent	1901			10. Name and Address of New Registered Agent
					81	Name	
	)n, richard d				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
	EDERAL HWY., STE 203						
STUART	FL 34994-2952				83		
					84	City	FL 85 Zip Code
11. Porsuant to or registers familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, So	2 and 60 rida. Suc blion 607	07.1508, Florida Statute hichange was authorize .0505, Florida Statutes	s, the aboad try the o	orpa ove r	named corpo oration's boa	poration submits this statement for the purpose of changing its registered office loard of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE _				ari k			DALL
12.	Signature, typed or profest name of registered acc OFFICERS AI			13.	(Agree)	i, a floritore, por lin.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD		[]] DELETE	1 1 T	ILE		Change Addition
NAME	JOHNSON, RICHARD D			12 N	AME		
STREET ADDRESS	1417 RIVERSIDE DRIVE			.38	IRELI	ADDRESS	
CITY - ST - ZIP	STUART FL					1 - ZIP	
THILE	VDST		DELETE	2 1 T			☐ Change ☐ Addition
NAME	BRECHBILL, MARK 506 S. FEDERAL HIGHWAY	OTE 0	102	22 N		NORMOS	
STREET ADDRESS	STUART FL	, SIE Z	uz			ADDRESS IT - ZIP	
CITY-S1-ZIP TITLE	OTOMITE		DECETE	3.11		Zie.	Change Addition
NAME				32 N	AME		
STREET ADORESS				33.5	TALL	F AUGRESS	
CITY+ST+ZIP				34.0	ily - S	5T - ZIP	
TITLE			☐ DELETE	4 1 1			Change Addition
NAME				42 N			
STREET ADDRESS						ADDRESS	
CITY - ST - ZIP TITUE			DELETE	440 5 1 1		ST - ZIF	Change Addition
NAME			- section	52 N			_ C tange notion
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP						S1 - Zir	
TITLE			☐ DELETÉ	6 :		t	☐ Change ☐ Addition
NAME				621	AMÉ		
STREET ADDRESS				635	TREET	ADDRESS	

64 CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes, I further certify that the information indicated on this armusi report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 13 if changed, or or an attributional certificant address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 220-3320

CR2E034 (12/95)