

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

FILED
Apr 29 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 # F96000005020 (0)

1. Corporation Name
STANLEY INDUSTRIES, INC. OF CALIFORNIA

Principal Place of Business
8265 NW 101 STREET
MEDLEY FL 33178

Mailing Address
9265 NW 101 STREET
MEDLEY FL 33178-1350



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-2998241		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALEXANDER, STEVEN 9265 NW 101 STREET MEDLEY FL 33178				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					
1.1 TITLE						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					

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: Robert Alexander 4/15/97 305 885-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)