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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G16730

STONBERG, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90023 034 \*\*\*150.00



2121 PONCE DE CORAL GABLES	E LEAN BLVD SUITE 1100 . FL 33134	CORAL GABLES FL 33134				U					
Some States 12 States					l		DO NOT WRITE IN THIS SPACE				-
							3. Date Incorporated or Qualifed 12/22/1982				
2. Principal Place of Business 2a. Mailing Addre				SS			4. FEI Number			Applied For	1
21		26					59-2553189			Not Applicable	]
Suite, Apt. #	‡, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired Fee Required				
City & State	<u> </u>	City &	State				6. Election Campaign Financing		\$5.0	0 May Be	1
23		28	28				Trust Fund Contribution		•	d to Fees	
Zip	Country	Zip Coun			y		8. This corporation owes the curre	nt year Inta	ngible		]
24	25 29 30					Personal Property Tax.					
<u> </u>	9. Name and Address of Current				10. Name and Address of New R	egistered A	lgent .		1		
		-	-	81	1	Name	-				
STONBERG, MARVIN E 2121 PONCE DE LEON BLVD, SUITE 1100 CORAL GABLES FL 33134				82	2	Street Addre	Idress (P.O. Box Number is Not Acceptable)				1
				83	3					1	
									<del> </del>		1
				84		City		FL		p Code	
office or re	o the provisions of Sections 607.0502 agistered agent, or both, in the State on familiar with, and accept the obligati	it Florida Suci	i change was auth	iorizea by	/ TO	named corpo he corporation	ration submits this statement for the part of directors. I hereby accept	ourpose of o	changing tment as	its registered registered	
	n laminar with, and accept the obligati	ions of, occio	11 001.0000, 1 101101	a Olalato.	٥.					,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	e. (NOTE: Re	gistered Age	ent s	signature required	when reinstating)	DATE		<del></del>	] ։
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AN			]
TITLE	PST		☐ DELETE	1.1 TITLE					Chang	e Addition	:
NAME	STONBERG, MARVIN			1.2 NAME			•				;
STREET ADDRESS	2121 PONCE DE LEON BLVD.,	SUITE 1100		1.3 STREE	ΤA	ADDRESS					}
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-5	ST-Z	ZIP		_			1
TITLE	VD		DELETE	2.1 TITLE					☐ Chang	e 🗌 Addition	4 '
NAME	WILSON, ALLAN P			2.2 NAME			•				
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 1100 238				2.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-	ST-	-ZIP			<del></del> :		4
TITLE			☐ DELETE	3.1 TITLE					☐ Chang	e 🔲 Addition	1
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	EΤΑ	ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-	-ZIP	<u> </u>			****	╛
TITLE			☐ DELETE	4.1 TITLE					Chang	e 🗋 Addition	1
NAME				4, 2 NAME					•		
STREET ADDRESS				4.3 STREE	ΞΤA	ADDRESS					
CITY-ST-ZIP				4.4 CITY-5	ST-	ZIP					_
TITLE			DELETE	5.1 TITLE				·	Chang	e	1
NAME				5.2 NAME							1
STREET ADDRESS				5.3 STREE	ET A	ADDRESS					
CITY-ST-ZIP				5.4 CITY-5	ST-	ZIP					1
TITLE			DELETE	6.1 TITLE			•		☐ Chang	e	ı  .
NAME				6.2 NAMÉ						•	
STREET ADDRESS				6.3 STREE	ET A	ADDRESS					
						1					- 1

14. I 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, with all other like empowered.

FED NAME OF SIGNING OFFICER OR DIRECTOR