

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 23 AM 11:06

SECRETARY OF STATE



DOCUMENT # **G38778** (8)

1. Corporation Name

STONES INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

P.O. BOX 152
LEHIGH ACRES FL 33970

P.O. BOX 152
LEHIGH ACRES FL 33970

3. Date Incorporated or Qualified

05/17/1983

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2400923

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 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.

26 **302 Lee Blvd**

22 City & State

27 Suite, Apt. #, etc.

27 **Suite 102**

23 Zip

Country

28 City & State

28 **Lehigh Acres FL**

24

25

29

33936

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**MORGAN, JOHN M.
302 LEE BLVD
STE 102
LEHIGH ACRES FL 33938**

81 Name

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

83

84 City

FL

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

[Signature]
Signature and typed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

11-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **STEINER, HANS-GEORG**
CITY - ST - ZIP **1801 GULFSIDE VILLAGE DR.
LEHIGH ACRES FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1801 Golfside Village Drive**
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **STEINER, HANS-GEORG**
CITY - ST - ZIP **1801 GULFSIDE VILLAGE DR
LEHIGH ACRES FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1801 Golfside Village Drive**
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-96 941-368-6644