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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1997 8:00am

Secretary of State

Daytime Phone # 0006255

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G38778

(8)

STONES INTERNATIONAL CORP.

District District Advisory								-{				
Principal Place of Business Mailing Address									1 1881 III MART 1448 I MAN 1884 MART 1811	OLDUK TIBUK DI	All After Bitte	018H 1891
P.O. BOX 152 LEHIGH ACRES FL 33970				302 LEE BLVD. SUITE 102 LEHIGH ACRES FL 33936-4916								
			•	ENGIL HOUSE	2 00000 4010				3. Date Incorporated or Qualified 05/17/1983		ate of Last F 23/1996	Report
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			pplied For
21				26					 _ 			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22				27					5. Certificate di Status Desired		Fee R	equired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23			26	28					Trust Fund Contribution		DebbA	to Fees
Zip		Country	<u> </u>	Zip		Country			8. This corporation has liability for			s. 199.032,
24	a Mana	25	26		30	1				Yes [
		and Address o	i Current Heg	listered Agent		81	1 .	Name	10. Name and Address of New Re	gistered	Agent	
	igan, Joh	N M.				[81	Ί"	yame				
302 LEE BLVD						82 Street Address (P.O. Box Number is Not Acceptable				le)	~ ~~~~	
STE 102						83				······································		
LEHIGH ACRES FL 33936							Ί					
						84	C	City		Pro 1	85 Zip	Code
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office or r	to the provis	ent, or both, in t	the State of Fic	rida. Such chan	da Statutes, nge was auth	ine abovi orized by	re-na y th	ameo co le corpoi	progration submits this statement for the pration's board of directors. I hereby acceptation's	ourpose of of the app	changing i ointment as	ts registered registered
agent. I a	m familiar w	ith, and accept t	the obligations	of, Section 607.	.0505, Florida	a Statute	S.		•	• • •		•
SIGNATURE	Character to an a	or printed name of re	and and and	ala Banakanki	QUOTE: De				Quired when reinstating)		·····	
12.	orginatore, types		ERS AND DIR		(NOTE: HE	13.	ent s	ignature rec	ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	DIRECTO	RS IN 12
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CITY - ST - ZIP						6.4 CITY - S	ST- ZI	HP				
14. I do heret	by certify tha	t the information	supplied with	this filing does	not qualify fo	r the ave	amn	tion stat	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
l am an ol appears i	flicer or dire n Block 12 o	on this arriual rector of the corpor of Block 13 if cha	iport of supple pration or the re anged, open a	milental armual re aceiver or truste n attachment wit	e empowere th an addres	and acci d to exec s.	urat cute	this rep	at my signature shall have the same lega fort as required by Chapter 607, Florida S	ir ettect as itatutes; ai	nd that my r	name