## 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** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION OF C	CORPORATIONS		
DOCU 1. Corporatio	MENT # H00072	(9)			
STANLI	EY COMMUNICATIONS, INC.				
				<u> </u>	(1)
Principal Plac	e of Business	Mailing Address			
50 HILL AVE	NUE	50 HILL AVENUE			
P.O.BOX 328 FT WALTON	BEACH FL 32549	P.O.BOX 328	20040		
TO MALTON BENOTIFE GEORG		FT. WALTON BEACH FL 32549		3. Date incorporated or Qualified	
· · ·	face of Business	2a. Mailing Address		<b>04/20/1984 4.</b> FEI Number	07/07/1995 Applied For
21 1015	B Stafford St.	26 D. O. BOY	328	59-2529379	Not Applicable
Suite, Apt	#, etc	Stite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
Cily & Stati	e	City & State		6. Election Campa on Financing	Fee Required  \$5.00 May Be
23 Pt wa	Iton Boh Fl	28/ twalton	73ch F1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 3a.5	9. Name and Address of Current I	29 32549	30 USA	Florida Statutes  10. Name and Address of New Re	Yes No
et.			81 Name	TO. Hatte and Address of New M.	sylstered Agent
STANLEY, HORACE M. 119 SCOTTSDALE COURT MARY ESTER FL			82 Street Add	Iress (P.O. Box Number is Not Accepta	blet
				To the contraction of the receptor	
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502 a egistered agent, or both in the State of	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	ourpose of changing its registered
office or re agent I a	egistered agent, or both in the State of in familiar with, and accept the obligation	Florida Such change was au hns of, Section 607 0505, Flor	uthorized by the corporati rida Statutes	ion's board of directors. I hereby accep	it the appointment as registered
SIGNATURE					
12.	Signature, type to i poured har ic of registered agent a OFFICERS AND		Hig stered Agent signature requi		CA16
TITLE	P	DELETE	1 + TUTLE	ADDITIONS/CHANGES TO OFFI	CHS AND DIRECTORS IN 12  Change Addition
NAME	STANLEY, HORACE M.		1.2 NAME		La
STREET ADDRESS	119 SCOTTSDALE COURT		13 STREET ADDRESS		
CITY - ST - ZIP	MARY ESTER FL	- Chick	14 CHTY - ST - ZIP	······································	·····
TITLE NAME	S Stanley, Linda C.	DELETE	2.1 TifLE		Change Addition
STREET ADDRESS	119 SCOTTSDALE COURT		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTER FL		2 4 CITY ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Channe Addition
NAME			4 2 NAME		Change Addit.on
STREE1 ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME CERCET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	54 CrTY - ST - ZIP 61 TrTLE		. Change Addition
NAME		<u> </u>	62 NAME		. Consider Withing
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-7IP			6 4 CITY - ST - ZIP		
14. I do hereb further cer	by certify that the information supplied writing that the information indicated on the	oth this filing is voluntarily furn s annual report or supplement	nished and does not qual	lify for the exemption stated in Section and accurate and that my signature sho	119 07(3)(k) Florida Statutes I
made und that my na	rtify that the information and cated on the ler oath, that I am an officer or director o ame appears in Block 12 or Block 13 if o	of the corporation or the received	ver or trustee empowered with an address	d to execute this report as required by	Chapter 617, Florida Statutes, and
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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