PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



DIVISION OF CORPORATIONS

DOCUMENT # H09365

(8)

FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Jan 28 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1997

REX STO	OCKER, INC.	,				
Principal Place of Business Mailing Address 14095 81ST AVENUE SEBASTIAN FL 32958 SEBASTIAN FL 32958-320					I LEPTON GIT BOTH STITU HAY BURN DHE GIRK BARN BIRK GIRK BIRK BIRK BOT	
				3. Date Incorporated or Qualified 06/25/1984	3a. Date of Last Report 02/08/1996	
2. Principa. Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26		59-2685512	Not Applicable	
Suite, Apt 4	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
——————————————————————————————————————	;			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζ ιρ	Country	28	Country	This corporation has liability for		
24	25	29	30		Yes X No	
	9. Name and Address of Cu		<u> </u>	10. Name and Address of New R	egistered Agent	
VAN	DEVOORDE, RENE G.		81 Name	•		
1327 N CENTRAL AVE			82 Street Address (P.O. Box Number is Not Acceptable)		thle)	
SEBASTIAN FL 32958				The Lorentz Control of the Control o	2.07	
			83			
			84 City		85 Zip Code	
				d corporation submits this statement for the rporation's board of directors. I hereby acce		
SIGNATURE	Signative: typed or product name of a gestion OFFICERS	d agont and tele if applicable (NOTE AND DIRECTORS	: Registered Agent signatu	re required when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTORS IN 12	
TITLE	TS	DELETE	1.1 TITLE		Change Addition	
NAME	STOCKER, CAROL		1.2 NAME	·		
STREET ADDRESS	14095 81ST AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP			
TITLE	PVD	DELETE	2.1 TITLE		Change Addition	
NAME	STOCKER, REX		2.2 NAME			
STREET ADDRESS	14095 81ST AVE SEBASTIAN FL		2.3 STREET ADORESS			
CITY - ST - ZIP	SEDMSTIMI FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
TITLE		_ ottie	3.2 NAME		Change D Modition	
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CHTY-ST-ZIP			
TITLE		DELETE	41 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S! - Zif:		_	4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	·		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		LJ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP	ar oad by that the information com	inhad with this films done not swall	6.4 CITY-ST-ZIP	stated in Section 119.07(3)(i), Florida Statul	as I further certify that the	
information Lam an of	in indicated on this annual report Higer or director of the corporation	or supplemental annual report is tr	ue and accurate an ered to execute this	that my signature shall have the same leg report as required by Chapter 607, Florida	jal effect as if made under cath; that	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DATE DATE

561-589-4105

Daytime Phone #