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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H23044

(1)

Mailing Address

STINSON AND CO., INC.

Principal Place of Business

**FILED** May 14 1997 8:00am Secretary of State



2581 N.W. 72ND STREET MIAMI FL 33147 US		2581 N.W. 72ND STREET Miami Fl 33147-6209 US					
					3. Date Incorporated or Qualified 09/27/1984	3a. Date of L 08/06/19	
21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2661737	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	stered Agent	
	INSON, EDWIN B.			B1 Name			
	10 NE 201 TERRACE MIAMI BCH. FL 33179			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
			Ī	B3			
				B4 City	**************************************	FL 85	Zıp Code
11. Pursuant office or	nt to the provisions of Sections 607.050 r registered agent, or both, in the State	2 and 607.1508, Florida State of Florida Such change was	ules, the ab authorized	ove-named cor by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep		ing its registered nt as registered
SIGNATURE					uired when reinstating)		
12.	OFFICERS AND		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE EDC AND DIDEC	PTODE INLAD
TITLE	P	DELETE	11111	E I	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	STINSON, EDWIN B.	<del>-</del>	1.2 NAI				
STREET ADDRESS			1.3 ST	IFET ADDRESS			
CITY - ST- ZIP	N MIAMI BCH. FL 33179		14 CI	Y-S1-ZIP			
TITLE	V	DELETE		F		Cha	inge 🔲 Addition
NAME	WOODARD, JOE		2.2 NA	AF			
STREET ADDRESS			2 3 516	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP			
TITLE	ST DELETE		: 31111			Cha	nge L Addition
NAME	MIXON, RAY 2581 N. W. 72ND STREET		3.2 NA	i			
STREET ADDRESS	MIAMI FL			FET ADDRESS			
CITY-ST-ZIP TITLE	Micani i C	☐ DELETE	3.4. CIT 4.1 TITI	Y-ST-ZIP		□ cho	ngo Addition
NAME			4.1 HH 4.2 NA			L Cha	nge Addition
STREET ADDRESS	,			EET ADDRESS			
CITY-ST-ZIP	<b>`</b>			Y-ST-ZIP			
TITLE		DELETE	5.1 M			Cha	nge Addition
NAME		_	5.2 NA			_ •	
STREET ADDRESS	s			EFT ADDRESS			
CITY-ST-ZIP				r - ST - ZIP			
TITLE		DELETE	6.1 1111			☐ Cha	nge Addition
NAME			6.2 NA	AE			
STREET ADDRESS	S-		6.3 \$1F	EE1 ADDRESS			
City-St-ZIP	<u> </u>		6.4 CH	Y - \$1 - 21P			

14. I do hereby certify that the information supplied with this filling 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 3 if changed, or on an attachment with an address.