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 # H37111

(2)

FILED Feb 28 1997 8:00am Secretary of State

B. R. STEWART & ASSOCIATES, INC. Principal Place of Business Mailing Address 853 TANBARK DRIVE #206 NAPLES FL 33963 MAPLES FL 34108-8580									
,					3. Date incorporated or Qualified 01/02/1985		of Last Re	port :]
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	1
21		26			59-2482819			t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
Oity & Sta		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip 34	108 Country	7 ip	30	untry		Yes 🖊	No	199.032,	
Name and Address of Current Registered Agent					10. Name and Address of New R	egistered A	jent]
STEWART, MAUREEN L. 853 TANBARK DRIVE, #206 NAPLES FL 33963					RIVLE R. STEWAR rgss (P.O. Box Number is Not Accepte	ble)			
NAF	7.ES FL 33963			83	853 THUBARK DRIV			• • • • • • • • • • • • • • • • • • •	
				84 City	NAPLES	FL		Code 1108	1
11. Pursuant	to the provisions of Sections 607 (0502 and 607,1508, Florida Statuate of Florida Such change was	ites, the a	bove-named corporal	poration submits this statement for the	purpose of c	hanging its	s registered registered	
agent L	am familiar with and accept the		lorida Sta	tutes.	tion's board of directors. I hereby access	> (7	EUM		
SIGNATURE	Signature Toyled or per had name of registered	d adjoil and tric Lappocable (NC	YE Begister	ed Agent signature regul	<u> </u>	DATE			
12.		AND DIRECTORS	13.	or regard digitatate radia	ADDITIONS/CHANGES TO OFF	CERS AND I	DIRECTOR	IS IN 12	₹ø
TILLE	DP	DELETE	111	ITLE			Change	Addition	CR2E034 (9/96)
NAME	STEWART, BRUCE		121	IAME	_				<u>4</u>
STREET ADORESS	DORESS 853 TANBARK DR #206		1.3 5	TREET ADDRESS					lö.
CITY-ST ZIF	NAPLES FL		1.40	CITY-ST-ZIP					K
TITLE	DVT	DELETE	217	TTLE			Change	Addition	[]
NAME	STEWART, MAUREEN		2.21	IAME					
STREET ADDRESS	853 TANBARK DR #206		2.3 5	TREET ADDRESS					
CHY-ST-ZIP	NAPLES FL		2.4	CITY-ST-ZIP			_		
TITLE		DELETE	3.1 1	TLE			Change	Addition	1
NAMÉ			3.21	IAME					
STREET ADDRESS			3.3 9	TREET ADDRESS					
CTY-S1 7/P			3.4.	CITY - ST - ZIP					
TITLE		DELETE	4.11	ITLE		I	Change	Addition	1
NAME			4. 2	NAME					1
STREET ADDRESS.			435	STREET ADDRESS					1

6.4 CITY-ST-ZIP C(TY - S1 - 7)P 14. I do hereby certify that the information supplied with this filing 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 13 if changed, or on an attachment with an address.

4.4 CITY-ST-ZIP

54 CHTY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE 6.2 NAME

SIGNATURE:

C:TY - \$1 - ZIP

STREET ADDRESS

CHTY - ST - ZIP

THILE

HI,F

NAME STREET ADDRESS

DELETE

DELETE

Change

Change

Addition

Addition