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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90023 022 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H54979

1. Corporation Name  
STONE CORPORATION OF PALM BEACH COUNTY



Principal Place of Business Mailing Address  
% MOLLIE J. STONE 400 OYSTER RD.  
N PALM BCH. FL 33408 N. PALM BEACH FL 33408  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/02/1985  
4. FEI Number Applied For  
59-2521568 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

STONE, MOLLIE J  
400 OYSTER ROAD  
N PALM BCH. FL 33408

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

Table with 13 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include numbered fields (1.1-6.4) for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition.

14. I 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, with all other like empowered.

SIGNATURE: [Handwritten Signature] 4/15/99 561-845-2066  
Date Daytime Phone #

CR2E034 (1/98)