

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Macham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # **H58844** (2)

1. Corporation Name

C. CRAIG STELLA, P.A.



Principal Place of Business

**110 TOWER STE 1710
110 S.E. 6TH ST.
FT. LAUDERDALE FL 33301**

Mailing Address

**110 TOWER STE 1710
110 S.E. 6TH ST.
FT. LAUDERDALE FL 33301**

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

3. Date Incorporated or Qualified

05/23/1985

3a. Date of Last Report

06/20/1995

4. FEI Number

59-2570658

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**STELLA, CRAIG C.
110 TOWER - SUITE 1710
110 S.E. 6TH STREET
FT. LAUDERDALE FL 33301**

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 607.1506, 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 Sections 607.0503, Florida Statutes.

SIGNATURE

(Print Name of Agent or Director)

(Print Name of Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

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12.1	NAME	12.2	STREET ADDRESS	12.3	CITY, ST., ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, certify that the information supplied was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation, a 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 I am not a director or officer with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 954-728-8888
DVS M/S/ST/ST/ST

CR2E034 (12/95)