

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H81918** (5)

1. Corporation Name

STUART CONSULTING, INC.



Principal Place of Business

**808 NE 20TH AVE.
FT. LAUDERDALE FL 33304-3036**

Mailing Address

**808 NE 20TH AVE.
FT. LAUDERDALE FL 33304-3036**

3. Date Incorporated or Qualified
10/18/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **526 NE 17th Avenue**

2a. Mailing Address
26 **526 NE 17th Avenue**

4. FEI Number
59-2633716

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Ft.Lauderdale, FL

28 City & State
Ft.Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33301

25 Country
USA

29 Zip
33301

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUART, LEONARD A
808 NORTHEAST 20TH AVENUE
STE. 1120
FORT LAUDERDALE FL 33304**

81 Name
Miller, Timothy

82 Street Address (P.O. Box Number is Not Acceptable)
654 North Rio Vista Blvd.

83

84 City
Ft.Lauderdale

85 Zip Code
FL 33301

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, Sections 607.0505, Florida Statutes.

Apr 24/96

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPT**
STREET ADDRESS **STUART, LEONARD A**
CITY - ST - ZIP **791 MIDDLE RIVER DR.
FT. LAUDERDALE FL 33304**

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **MILLER, TIMOTHY**
CITY - ST - ZIP **808 N.E. 20TH AVE.
FT. LAUDERDALE FL 33304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VS**
2.3 STREET ADDRESS **Miller, Timothy**
2.4 CITY - ST - ZIP **654 North Rio Vista Blvd.
Ft.Lauderdale, FL 33301**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V**
3.3 STREET ADDRESS **Fish, Frank**
3.4 CITY - ST - ZIP **110 Lombard Street
Toronto, Ontario, Canada M5C-1M3**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changing, or on an attachment with an address.

SIGNATURE:

Timothy Miller

Apr 24/96

954-467-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)