

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H87083 (2)
1. Corporation Name
STAN PAUL INCORPORATED



Principal Place of Business 6670 VILLA SONRISA DR. #214 BOCA RATON FL 33433 9108 CENTENNIAL STATION WARMINGSTER PA 15974	Mailing Address 6670 VILLA SONRISA DR. #214 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ROBERT ODEN Suite, Apt. #, etc. 22 2 S. UNIVERSITY DR City & State PLANTATION FL Zip 33324	2a. Mailing Address 26 STAN PAUL INC Suite, Apt. #, etc. 27 9108 Centennial City & State Warmingster Zip 15974
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3. Date Incorporated or Qualified 11/26/1985	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2633692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PAUL, RUTH 6670 VILLA SONRISA DR. BOCA RATON FL 33433	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>83</td></tr><tr><td>84 City</td></tr><tr><td>85 Zip Code</td></tr></table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)						
83						
84 City						
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 fee if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL, STAN		1.2 NAME	
STREET ADDRESS 6670 VILLA SONRISA DR		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL, RUTH		2.2 NAME	
STREET ADDRESS 6670 VILLA SONRISA DR		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____
9/3/97 (215)
11/1/97 332

CR2E034 (4/97)