

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H92645** (1)  
1. Corporation Name  
**STANDARD ENTERPRISES, INC.**



Principal Place of Business  
**106 N. McCullen St.  
North Burgaw NC 28245  
US**

Mailing Address  
**3931 RCA BLVD.  
#3101  
PALM BCH GARDENS FL 33410  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>change</b> <b>64 PINE STREET</b> Suite, Apt. #, etc. <b>BURGAW NC</b> City & State <b>28425</b> Zip <b>PENDER</b> Country		2a. Mailing Address <b>3931 RCA BLVD. #3101 PALM BCH GARDENS FL 33410 US</b>	3. Date Incorporated or Qualified <b>12/13/1985</b>
21	26	4. FEI Number <b>59-2825035</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	29	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

**STEDMAN, KAREN E.  
3931 RCA BLVD.  
#3101  
PALM BEACH GARDENS FL 33410**

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 fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERCHTOLD, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>106 N. McCullen St.</b>	1.3 STREET ADDRESS	<b>64 PINE STREET</b>
CITY-ST-ZIP	<b>BURGAW N.</b>	1.4 CITY-ST-ZIP	<b>28425</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEDMAN, KAREN E</b>	2.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>3931 RCA BLVD. #3101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY</b>	3.2 NAME	
STREET ADDRESS	<b>MARTHENS BERCHTOLD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>64 PINE STREET</b>	3.4 CITY-ST-ZIP	
	<b>BURGAW NC 28425</b>		
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 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:

4-17-98

CR2E034 (10/97)