

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

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Apr 29 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 # **J38555**

(5)

1. Corporation Name

STENSTROM REALTY, INC.

Principal Place of Business

**2565 PARK AVE.
SANFORD FL 32773**

Mailing Address

**2565 PARK DRIVE
SANFORD FL 32773-5153
US**

2. Principal Place of Business

21 **2565 PARK DRIVE**

Suite, Apt. #, etc.

22

City & State

23 **SANFORD FL**

Zip

24 **32773**

Country

25 **U.S.**

2a. Mailing Address

Suite, Apt. #, etc.

26

City & State

27

Zip

28

Country

29

30

3. Date Incorporated or Qualified

10/20/1986

3a. Date of Last Report

05/14/1996

4. FEI Number

59-2750586

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

9. Name and Address of Current Registered Agent

**CAYOLYN P. STENSTROM
308 LAKE BLVD
SANFORD FL 32773**

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

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **STENSTROM, CAROLYN P.**
STREET ADDRESS **308 LAKE BLVD.**
CITY - ST - ZIP **SANFORD FL**

TITLE **V** ☐ DELETE
NAME **ALBRIGHT, M L**
STREET ADDRESS **124 MAYFAIR COURT**
CITY - ST - ZIP **SANFORD FL**

TITLE **PTS** ☐ DELETE
NAME **STENSTROM, PATRICK H.**
STREET ADDRESS **110 KAYWOOD DRIVE**
CITY - ST - ZIP **SANFORD FL**

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick H. Stenstrom

Date

4/23/97

407-322-2420

Daytime Phone #

CR2E034 (9/96)