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95 APR -7 AM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # J39909 (3)

1. Corporation Name

STIX & STONZ, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM S. KRAFCHIK 25 N. BLVD. OF THE PRESIDENTS SARASOTA FL 34236	C/O WILLIAM S. KRAFCHIK 25 N. BLVD. OF THE PRESIDENTS SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/29/1986	04/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2736083 ☐ 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

KRAFCHIK, WILLIAM S.
555 S. GULFSTREAM #904
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: KRAFCHIK, WILLIAM S.
82 Street Address (P.O. Box Number is Not Acceptable): 1600 PALMETTO LANE
83
84 City: SARASOTA FL 85 Zip Code: 34236

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 required from current registered agent and the new agent) (NOTE: Registered Agent signature required when marked) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☑ Change ☐ Addition
NAME	KRAFCHIK, WILLIAM S.	12 NAME	
STREET ADDRESS	555 S. GULFSTREAM #904	13 STREET ADDRESS	1600 PALMETTO LANE
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	SARASOTA, FL 34236
TITLE	DVS	21 TITLE	☑ Change ☐ Addition
NAME	GIULIANO, CARMELENE A.	22 NAME	
STREET ADDRESS	555 S. GULFSTREAM #904	23 STREET ADDRESS	1600 PALMETTO LANE
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	SARASOTA, FL 34236
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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] 4/3/95 (813) 388-3911

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR
WILLIAM S. KRAFCHIK

Date Daytime Phone #

0341696 CP