

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 # **J42398** (4)
1. Corporation Name
STANLEY CARTAGE CO., INC.



Principal Place of Business
**% ARTHUR S. CORRALES
550 N. REO ST., STE. 300
TAMPA FL 33609**

Mailing Address
**P.O. BOX 280204
550 N. REO ST., STE. 300
TAMPA FL 33682
US**

3. Date Incorporated or Qualified **11/17/1986** 3a. Date of Last Report **04/21/1995**

4. FEI Number **59-2742600** 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

2. Principal Place of Business 21
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**CORRALES, ARTHUR S.
1602 W. SLIGH AVENUE
SUITE 100
TAMPA FL 33604**

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 607.1506, 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 607.0805, Florida Statutes.

SIGNATURE _____ DATE _____
Signature based on printed name of registered agent. If different, please _____
Full Registered Agent Signature required when resigning _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P STANLEY, KEITH**
STREET ADDRESS **2216 SHADE HILL COURT**
CITY-STATE-ZIP **TAMPA FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 changed, or on an attachment with an address.

SIGNATURE: *Keith Stanley* 2-2-96 813-626-4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-Phone #

FORM 034 (12/95)