

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

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90029 007 \*\*\*\*\*8.75

05-19-1999 90029 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J66432**

1. Corporation Name  
**STAHARIT, INC.**

Principal Place of Business

**241 OMAHA ST. COUNTY ROAD 1  
PALM HARBOR FL 34683**

Mailing Address

**241 OMAHA ST. COUNTY ROAD 1  
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 <b>241 Omaha St. County Rd 1</b>		26 <b>241 Omaha St. County Rd 1</b>		<b>04/02/1987</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<b>59-2927514</b>	
City & State		City & State		Applied For	
23 <b>Palm Harbor, FL</b>		28 <b>Palm Harbor, FL</b>		<input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>34683</b>		29 <b>34683</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country		Country		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 <b>USA</b>		30 <b>USA</b>			

9. Name and Address of Current Registered Agent

**TRIAS, STACY  
1991 SADDLE HILL ROAD NORTH  
DUNEDIN FL 3498**

10. Name and Address of New Registered Agent

81 Name **Stacy Trias**  
82 Street Address (P.O. Box Number is Not Acceptable) **1991 Saddle Hill Road North**  
83  
84 City **Dunedin** FL 85 Zip Code **34698**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIAS, STACY H</b>	1.2 NAME	
STREET ADDRESS	<b>1991 SADDLE HILL RD N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIAS PADRO, ALICIA</b>	2.2 NAME	
STREET ADDRESS	<b>1770 BRARRITY CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON FL 34689</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRIAS, DANA</b>	3.2 NAME	<b>Dana Trias</b>
STREET ADDRESS	<b>1991 SADDLE HILL ROAD NORTH</b>	3.3 STREET ADDRESS	<b>233 Countryside Key Boulevard</b>
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	3.4 CITY-ST-ZIP	<b>Oldsmar, FL 34677</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRO, ALBERTO</b>	4.2 NAME	
STREET ADDRESS	<b>1770 BRARRITY CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON FL 34689</b>	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, with all other like empowered.

SIGNATURE:

*Dana Trias*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

727-786-7175

CR2E034 (11/98)

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