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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **J73046** 1. Corporation Name

STANZEL, INC.

Principal Place of Business Mailing Address							III <b>GIGIB B</b> III BIBII <b>Q</b> I	411 WIBIT BIBIT W	1911 87811 1441
19900 NE 21ST COURT NORTH MIAMI BCH FL 33179 US  19900 NE 21ST COURT NORTH MIAMI BCH FL 331 US  US			9				WRITE IN THIS	SPACE	
						<ol> <li>Date Incorporated or Qual 05/13/1987</li> </ol>	nea		
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21 26						59-2809189 Not Applic		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desire	red   \$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Finance	ing []	\$5.00	May Be
23 28						Trust Fund Contribution		Added t	o Fees
Zip Country Zip			Country			8. This corporation owes the	current year Into	ang/ble	□No i
24	25	29 30	0			Personal Property Tax.  10. Name and Address of N	ow Rogistered		
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of R	an Ivadiatelea	Agent	-
ROSENTHAL, STANLEY 19900 NE 21ST COURT			82	Stree	t Addres	s (P.O. Box Number is Not Ac	ceptable)	_	
NORTH MIAMI BCH FL 33179			83					-7.00	
			84					85 Zip (	Code
				1 . 1			<u>FL</u>	.   -	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autr	nonzea by	the cor	d corpor poration	ation submits this statement for 's board of directors. I hereby a	the purpose of the appoin	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature	e required v	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE			CORRECTION		Change	☐ Addition
NAME	HOOLITTE'N, OTTILET			1.2 NAME RO		SENTHAL , Sta	ley .		
STREET ADDRESS 100 N.W. 170TH STREET., #203			1.3 STREET ADDRESS		s		,		
CITY-ST-ZIP	N. MIAMI BEACH FL 33169	□ DELETE	1.4 CITY-S 2.1 TITLE	IT-ZIP	+			Change	Addition
TITLE			2.2 NAME					_ ,	_
NAME STREET ADDRESS			2.3 STREE	T ADDRES	s		·		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				-	
TITLE	☐ DELETE 3.		3.1 TITLE		<del>                                     </del>			☐ Change	☐ Addition
NAME			3.2 NAME						ļ
STREET ADDRESS	EET ADDRESS		3.3 STREET ADDRESS		s				ĺ
CITY-ST-ZIP			3.4. CITY-	3.4. CITY-ST-ZIP				·	
TITLE			4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRES	s				
CITY-ST-ZIP				4.4 CITY-ST-ZIP		· 1/2 ·		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			\$			
NAME )				T ADDRES			•		ŀ
STREET ADDRESS			5.4 CITY-5		٦				}
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	11-4F	+		in the	Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90296 049 \*\*\*150.00