

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J78290 (0)

1. Corporation Name
STONESTREET MARKETING SERVICES, INC.

Principal Place of Business

570 DEVON DR.
P. O. BOX 1567
ESTES PARK CO 80517
US

Mailing Address

570 DEVON DR.
P. O. BOX 1567
ESTES PARK CO 80517-1567
US



2. Principal Place of Business

21 342 W. RIVERSIDE DR.

2a. Mailing Address

26 342 W. RIVERSIDE DR.

Suite, Apt. #, etc.

22 PO BOX 1567

Suite, Apt. #, etc.

27 PO BOX 1567

City & State

23 ESTES PARK, CO

City & State

28 ESTES PARK, CO

Zip

24 80517

Country

25 USA

Zip

29 80517

Country

30 USA

9. Name and Address of Current Registered Agent

PESES, MARVIN
6430 VIA ROSA
BOCA RATON FL 33433

3. Date Incorporated or Qualified

06/17/1987

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2824101

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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 PS
NAME PESSES, ELAINE
STREET ADDRESS 6430 VIA ROSA
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE VT
NAME PESSES, LARRY
STREET ADDRESS P.O. BOX 455, NA
CITY-ST-ZIP ESTES PARK CO

DELETE

TITLE AS
NAME CHAVIN, PATTI
STREET ADDRESS P.O. BOX 455, NA
CITY-ST-ZIP ESTES PARK CO

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VS

ESTES PARK, CO 80517

PIT

ESTES PARK, CO 80517

VIA ADELE KAPLAN
PO BOX 2145, NA
ESTES PARK, CO 80517

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

4/21/97 970/586-6002x11

CR2E034 (9/96)