FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:33

DOCUMENT # J88115 (7)

1. Corporation Name
STANSON'S MANAGEMENT, INC.

Principal Place of Business
% STANLEY LAZARUS
~~1102 SE MITCHELL AVE, 6-301~~
~~PORT ST LUCIE FL 34952~~

Mailing Address
% STANLEY LAZARUS
~~1102 SE MITCHELL AVE, 6-301~~
~~PORT ST LUCIE FL 34952~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1987
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2841812 ☐ 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 3667 SE Doubleton Dr.
Suite, Apt #, etc
22
City & State
23 Stuart, FL.
Zip
24 34997
Country
25 USA

2a. Mailing Address
26 3667 SE Doubleton Drive
Suite, Apt #, etc
27
City & State
28 Stuart, FL
Zip
29 34997
Country
30 USA

9. Name and Address of Current Registered Agent

LAZARUS, STANLEY
~~1102 SE MITCHELL AVE~~
~~SUITE 301~~
~~PORT ST LUCIE FL 34952~~

10. Name and Address of New Registered Agent

81 Name: Lazarus Stanley
82 Street Address (P.O. Box Number is Not Acceptable): 3667 SE Doubleton Dr.
83
84 City: Stuart FL 85 Zip Code: 34997

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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] pres DATE 1/14/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAZARUS, STANLEY
STREET ADDRESS	~~1102 SE MITCHELL AVE~~
CITY-ST-ZIP	~~PORT ST LUCIE FL~~
TITLE	VP
NAME	LAZARUS, SALLY
STREET ADDRESS	~~1102 SE MITCHELL AVE~~
CITY-ST-ZIP	~~PORT ST LUCIE FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	3667 SE Doubleton Dr.	
1 4 CITY-ST-ZIP	Stuart, FL 34997	
2 1 TITLE		☒ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	3667 SE Doubleton Dr.	
2 4 CITY-ST-ZIP	Stuart, Fl. 34997	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(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: X [signature] 1/14/95 407/287-5448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stanley B Lazarus, President

0378870 CP