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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J88115

(7)

STANSON'S MANAGEMENT, INC.

Secretary of State

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FILED

Jan 27 1998 8:00am

Delegation (B. street)						_	
Principal Place of Business Mailing Address							
3667 SE DOUBLETON DR 3667 SE DOUBLETON DR STUART FL 34997 STUART FL 34997							
US US	4331	STUART FL 34997 US				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	_
						08/18/1987	- 1
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	ᅱ
21		26				59-2841812 Not Applicable	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	-	ıntry	•	8. This corporation owes or has paid the current year Intangible	ĺ
24	25 S. Name and Address of Co.	29	30	_		Personal Property Tax due June 30. Yes No	ᆜ
9. Name and Address of Current Registered Agent Ι Δ7ΔΡΙΙ΄ STANI FY 81 Name						10. Name and Address of New Registered Agent	_
	ZARUS, STANLEY		81 Nan			•	
	7 SE DOUBLETON DR		82 Stree			ss (P.O. Box Number is Not Acceptable)	\neg
510	JART FL 34997			-			_
				83			Í
				84	City	85 Zip Code	\dashv
11. Pursuant t	to the provisions of Sections 607.0503	2 and 607 1508 Florida Stat	tutoe the al	hove	named corno	ration cultimits this statement for the surross of changles its registeres	_
office or re	egistered agent, or both, in the State	of Florida. Such change wa	s authorize	d by	the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	,
	m lamiliar with, and accept the obliga	tions of, Section 607.0505, I	Florida Stat	tutes	3 .		
SIGNATURE .	Signature, typed or printed name of registered agen	it and lifte if applicable (N	OTE: Registerer	d Aner	nt signature required	when reinstating	-
12.	OFFICERS AND		13.		The Office of th	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-1
TITLE	DP	☐ DELETE	1.1 TO	TLE		Change Addition	<u>. </u>
NAME	LAZARUS, STANLEY		1,2 NA	ME	ļ		:
STREET ADDRESS	3667 SE DOUBLETON DR		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CI	TY-ST	T-ZIP	•	
TITLE	VP	DELETE	2.1 111			☐ Change ☐ Addition	<u>, </u>
NAME	Lazarus, sally		2.2 NA	ME			
STREET ADDRESS	3667 SE DOUBLETON DR		2.3 ST	REET	ADDRESS		
CITY - ST - ZIP	STUART FL		2. 4 Ci	TY-S	T-ZIP		-
TITLE		DELETE	3.1 TIT			☐ Change ☐ Addition	T.
NAME			3.2 NA	ME	•	-	
STREET ADDRESS			3.3 ST	REET /	ADDRESS		ļ
CITY-ST-ZIP			3.4. CI	TY-S1	T-ZIP		
TITLE		☐ DELETE	4.1 TIT			☐ Change ☐ Addition	i I
NAME			4. 2 NA	AME			
STREET ADDRESS			4.3 STI	REET A	ADDRESS		
CITY-ST-ZIP			4.4 CIX	ry-st	-ZiP		
TITLE		DELETE	5.1 TIT	ΊE		Change Addition	7
NAME			5.2 NA	ME	l		1
STREET ADDRESS			5.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-\$T	- ZIP		
TITLE		☐ DELETE	6.1 TIT			Change Addition	7
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			6.4 CIT		1		
14. I hereby co	ertify that the information supplied with	this filing does not qualify				ection 119.07(3)(i), Florida Statutes, I further certify that the information	٦

4. 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 to 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 changes, or on an atjachment with an address.

SIGNATURE:

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561/287-5448