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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K32161 **DOCUMENT #**

(7)

STNER	rgy systems, Inc.									
Principal Place	of Business	Mailing Address					1781 STEP ST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41911 91911 1991	
% ALAN ARNOLD 5364 DOMINICA CIRCLE SARASOTA FL 34233 % ALAN ARNOLD 5364 DOMINICA CIRCLE SARASOTA FL 34233						Date Incorporated or Qualified	3a Date	e of Last Ri	enort	7
						08/30/1988		2/21/19		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0079014		-	Applied For	4
21	u ata		Suite Act # etc			00 00780 14			Not Applicable	-
Suite, Apt. #	я, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	ŀ
City & State	}	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be			
23 7in	Country	Zip	T - Cov	untry		Trust Fund Contribution			to Fees	-
Zip 24	Country 25	29	30	aritry		8. This corporation has liability for in Florida Statutes Yes		ix under s	199.032,	
<u> </u>	g, Name and Address of Curr			Ι		10. Name and Address of New R		Agent		+
				81 N	lame			•		1
ARNOLI	D, ALAN			82 Si	troot Addro	iss (P.O. Box Number is Not Acceptab	le)			
	OMINICA CIRCLE		82 5			is the receptor				
SARASO	OTA FL 34233			83						
				84 C	ity			85 Zij	o Code	-
							FL	ـــيلـــلـِـــ		4
11. Pursuant to or registere	to the provisions of Sections 607.05 ed agent, or both, in the State of Fi	302 and 607.1508, Florida Statute orida. Such change was authorize	is, the abo ed by the	ove-nam corporat	ied corpora tion's board	ition submits this statement for the pur d of directors. I hereby accept the appo	pose o' cha pintment as	anging its r registered	egistered office Lagent. Lam)
familiar witi	th, and accept the obligations of, Si	ection 607.0505, Florida Statutes.		•				•		
SIGNATURE _	Classic as a broad or related frame of registered of	nout and title if anyticable. (N/C)	FE: Busintons	d familia	cative made and	udean rought and	DA. F			
Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS			NOTE: Registered Agont signature required 13.							l io
	OFFICERS A	AND DIRECTORS	13.					DIRECTO	RS IN 12	7ಕ
TITLE	OFFICERS A	AND DIRECTORS DELETE	13 .	TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFI	ICERS AND	DIRECTO	RS IN 12	12/9
	PT ARNOLD, ALAN						ICERS AND			34 (12/9
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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 changes or on an attachment with an address.

SIGNATURE AND THE DEST FRINTES WAME OF SONING OF THE REPORTECT OR

SIGNATURE:

3-13:96 Daytine Phone #