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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K40514

(7)

1. Corporation Name

STANET, INC.

Principal Place of Business

5101 OKEECHOBEE BLVD
WEST PALM BCH FL 33417
US

Mailing Address

5101 OKEECHOBEE BLVD
WEST PALM BCH FL 33417
US

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KRASULAK, STANLEY
10209 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of Current Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
D	KRASULAK, STANLEY	10209 ALLAMANDA BLVD	PALM BCH GARDENS FL	☐
D	KRASULAK, JANET	10209 ALLAMANDA BLVD	PALM BCH GARDENS FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
45. TITLE	
46. NAME	
47. STREET ADDRESS	
48. CITY-STATE-ZIP	
49. TITLE	
50. NAME	
51. STREET ADDRESS	
52. CITY-STATE-ZIP	
53. TITLE	
54. NAME	
55. STREET ADDRESS	
56. CITY-STATE-ZIP	
57. TITLE	
58. NAME	
59. STREET ADDRESS	
60. CITY-STATE-ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied when filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(g), 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 authorized by the court to liquidate 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:

Stanley Krasulak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

407-683-6226

CR2E034 (12/95)