

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K81761** (4)

1. Corporation Name  
**STONEHEDGE CORPORATION**



Principal Place of Business

**165 NE 186 TERRACE  
MIAMI FL 33169  
US**

Mailing Address

**830 NW 197 TERRACE  
MIAMI FL 33169  
US**

2. Principal Place of Business

21 **165 NE 186 Ter**

Suite, Apt. #, etc.

22 City & State

23 **Miami FL**

24 Zip **33169**

Country

25 **Dade**

2a. Mailing Address

26 **165 NE 186 Ter**

Suite, Apt. #, etc.

27 City & State

28 **Miami FL**

Zip

29 **33169**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

**HARRISON, DONALD  
9600 CUTLER RIDGE DRIVE  
MIAMI FL 33157**

3. Date Incorporated or Qualified

**04/17/1989**

3a. Date of Last Report

**07/03/1995**

4. FEI Number

**59-2821009**

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 Acceptable)

83.

84. City

**FL**

85.

Zip Code

11. Pursuant to the provisions of Sections 607.0532 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, if applicable

Signature typed or printed name of registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
TAYLOR, SAMUEL**  
STREET ADDRESS **830 N.W. 197TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD  
TAYLOR, LORNA**  
STREET ADDRESS **830 N.W. 197TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

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