

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K86173** (7)
1. Corporation Name
STAHL & ASSOCIATES, P.A.



Principal Place of Business: **CYNTHIA M STAHL, 138 NORTH SWINTON AVE, DELRAY BCH FL 33444, US**
Mailing Address: **138 NORTH SWINTON AVE, ~~POST OFFICE BOX 3004~~, DELRAY BEACH FL 33444, US**

3. Date Incorporated or Qualified: **05/08/1989**
3a. Date of Last Report: **08/14/1995**
4. FEI Number: **65-0115571**
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 (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country
26. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
28. City & State
29. City & State
30. Zip, 31. Country

9. Name and Address of Current Registered Agent: **STAHL, CYNTHIA M., 138 NORTH SWINTON AVE, DELRAY BCH FL 33444**
10. Name and Address of New Registered Agent (81-84):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
1. **PST STAHL, CYNTHIA M., 2020 SPANISH TRAIL, DELRAY BCH FL**
2. **D STAHL, CYNTHIA M., 2020 SPANISH TRAIL, DELRAY BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 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 change, I, or an authorized agent with an address.

SIGNATURE: *Cynthia M. Stahl* 4-29-96 205 2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)