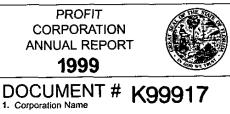
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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90022 017 \*\*\*150.00



STC PE	rs, Inc.									
Principal Place	e of Business	Mailing Address				- I PARINTI DIA IDITO IDITO IDIDO FISI I	Y BI BIBLE BIBE	1 31911 919		1001
% DAVID RAFA 2164 S UNIVER DAVIE FL 3332	EL SITY	% DAVID RAFAEL 2164 S UNIVERSITY DAVIE FL 33324	2164 S UNIVERSITY			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
		,				07/05/1989			_	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	r
26						65-0135805			Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additiona Required	al .
City & Stat	e	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	כ		May Be d to Fees	
Zip	Country	Zip 29	Cou	intry		This corporation owes the current     Personal Property Tax.		ngible Yes	□No	
24	9. Name and Address of Curre		1001.	T	-	10. Name and Address of New Reg	istered A	gent		
<u> </u>				81	Name	•				
	AEL, DAVID 4 S. UNIVERSITY			82	Street Addr	et Address (P.O. Box Number is Not Acceptable)				
DAV	IE FL 33324			83						
	•			84	City		FL.	85 Zi	ip Code	
agent. I a	Sgrightre, typed or printed nation of lagisfered a	gent and the if applicable. (NOTE	: Registered			oration submits this statement for the pun's board of directors. I hereby accept the twenty accept the	DATE			
12.		IND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		☐ Chang		
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14. 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 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 of 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 changed, or on an attachment with an address, with all office in the empowered.

SIGNATURE:

3-30-59