## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32819

(9)

rporation Na	ame	•		. •	
repping	STONE	OF	TAMPA,	INC.	

**FILED** May 12 1997 8:00am Secretary of State

Principal Place of Business 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432		Mailing Address 48 EAST ROYAL PALM ROA BOCA RATON FL 33432-482								
 				<ol> <li>Date Incorporated or Qualified 11/30/1989</li> </ol>	3a. Date 05/01		eport			
_	Place of Business	2a. Mailing Address		4, FEI Number	اندة التحديد المحد		oplied For	1		
21	W 414	26		65-0162088			ot Applicable	4		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State	e	City & State		6. Election Campaign Financing		\$5.00		1		
23		28		Trust Fund Contribution		Added t				
Zip 24	Country	7ip 3	Country	8. This corporation has liability for Florida Statutes	intangible tax		. 199.032,			
	9. Name and Address of Curren			10. Name and Address of New Re				1		
ROE	BINSON, MORRIS		81 Nam	9						
	EAST ROYAL PALM ROAD		82 Stree	1 Address (P.O. Box Number is Not Acceptal	ble)			1		
BO0	CA RATON FL 33432		83					1		
			03					1		
			84 City		E1 18	35 Zip (	Code	1		
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	the above-name	d corporation submits this statement for the	purpose of ch	anging it	s registered	1		
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607,0505, Flori	thorized by the co da Statutos.	d corporation submits this statement for the progration's board of directors. I hereby acce	pt the appoint	mont as	registered			
SIGNATURE	,							ļ		
ļ <u></u>	Signature, typod or printed name of registered age.			re required when reinstating)	DATE			١,		
12. TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE		RECTOR Change	S IN 12 Addition	000		
NAME	PETRICCA, GENO	TM period	1.2 NAME	MORRIS ROBINSON	LA	Change	☐ V00⊞0⊞			
STREET ADDRESS	48 E. ROYAL PALM ROAD		1.3 STREET ADDRESS					200		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	BOCA RATON FL	,			200		
TITLE	ST	DELETE	21 TITLE			Change	Addition	[5		
NAME	ROBINSON, MORRIS		2.2 NAME					1		
STREET ADDRESS	48 EAST. ROYAL PALM RD.		2.3 STREET ADDRESS	1				1		
CITY-ST-ZIP	BOCA RATON FL	Deutst	2.4 CHY-ST-ZIP		·		4 (19)-	ļ		
TITLE	BOBINGON IOGUITA	☐ DELETE	3.1 TILLE		ليا	Change	☐ Addition	1		
NAME STREET ADDRESS	ROBINSON, JOSHUA   48 E ROYAL PALM RD		3.2 NAME	. 1				1		
CITY-ST-ZIP	BOCA RATON FL		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP							
TITLE	V	DELETE	4.1 TITLE		T	Change	Addition	1		
NAME	ROBINSON, CHARLOTTE		4. 2 NAME					ĺ		
STREET ADDRESS			4.3 STREET ADDRESS					l		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY - ST - ZIP	}						
TITLE	v	<b>X</b> DELETE	5.1 TITLE	v	ĺχ	Change	Addition	1		
NAME	ATHEY, ROBERT BRUCE		5.2 NAME	TIMOTHY J. CASHMAN						
STREET ADDRESS	48 E ROYL PALM ROAD		5.3 STREET ADDRESS	1	)					
CITY-ST-ZIP	BQGA RATON FL		5.4 CITY - ST - ZIP	BOCA RATON, FL						
TITLE		DELETE	6.1 TITLE			Change	Addition			
NAME			6.2 NAME	1						
STREET ADDRESS	AHAN X S		6.3 STREET ADDRESS					1		
CITY-ST-ZIP	1111		6.4 CITY-ST-ZIP	<u> </u>				1		

Too 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 office or director of the corporation or the recorbor or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 o

Morris Robinson.

954-426-0043