

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L40098

(0)

1. Corporation Name

S.T.G. CORPORATION



Principal Place of Business

2318 SEA ISLAND DRIVE
FORT LAUDERDALE FL 33301

Mailing Address

2318 SEA ISLAND DRIVE
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified
01/04/1990

3a. Date of Last Report
04/11/1995

4. FEI Number
65-0191530

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

POWELL, JACQUELINE
2318 SEA ISLAND DRIVE
FORT LAUDERDALE FL 33301

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 607.1506, 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. Thereby I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

Signature

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	☐ DELETE
1. TITLE	P	
2. NAME	POWELL, JACQUELINE	
3. STREET ADDRESS	2318 SEA ISLAND DRIVE	
4. CITY-STATE-ZIP	FORT LAUDERDALE FL 33301	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change	☐ Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE-ZIP			
5. TITLE		☐ Change	☐ Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE		☐ Change	☐ Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE		☐ Change	☐ Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			
17. TITLE		☐ Change	☐ Addition
18. NAME			
19. STREET ADDRESS			
20. CITY-STATE-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 119.04(3)(b), 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 registered or trusted engineer 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE POWELL 4-26-96 954-764-4074

CR2E034 (12/95)