


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

FILED

97 JUN 20 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L 69439 (2)  
1. Corporation Name

Stolle Development Corporation

Principal Place of Business Mailing Address

2127 10th. Avenue  
Vero Beach FL 32960

3. Date Incorporated or Qualified 5/01/90 3a. Date of Last Report 5/01/96

4. FEI Number 65-0196642 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

2. Principal Place of Business 2a. Mailing Address Willbond  
21 Suite, Apt. #, etc. 26 Susan S. ~~Willbond~~  
22 City & State 27 857 Fairway  
23 Libertyville, IL  
24 Zip 25 Country 29 60048 30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Samuel A. Block, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) 2127 10th. Avenue  
83  
84 City Vero Beach FL 85 Zip Code 32960

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 SE Samuel A. Block

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D/P/S/T ☒ DELETE  
NAME Hett, John  
STREET ADDRESS 4820 48th. Place  
CITY-ST-ZIP Vero Beach, FL 32967  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE P/T/S/D ☒ Change ☐ Addition  
12 NAME Susan S. ~~Willbond~~  
13 STREET ADDRESS 857 Fairway  
14 CITY-ST-ZIP Libertyville, IL 60048  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 600002220816--3  
24 CITY-ST-ZIP -06/24/97--01008--015  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE:

Susan S. Willbond  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-97 847-432-4300  
Date Daytime Phone #

CR2E034 (9/96)