## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 03, 2004 8:00 am Secretary of State

Principal Place of Business  1881 NE 26TH ST SUITE 201  WILTON MANORS, FL 33305  3. Making Address  Suite, Apt. #, etc.  1982 Suite, Apt. #, etc.  1983 Suite, Apt. #, etc.  1984 City & State  1995 Country  1996 Country  1996 Country  1996 Country  1997 Country  1997 Country  1998 Country  1998 Country  2098 C	DOCUI 1. Entity Nam STC - SC				05-03-2004 9	90772 04	4 ***150	).00		
1881 N.E. 261H S1 SUITE 201 WILTON MANORS, FL. 33305  1881 N.E. 261H S1 SUITE 201 WILTON MANORS, FL. 33305  1881 N.E. 261H S1 SUITE 201 WILTON MANORS, FL. 33305  2. Principal Place of Business  3. Mailing Address  3. Mailing Address  4. PEL Number S9-2530199  Country  Zip  Country  Zip  Country  S. Cartificate of Status Desired Pse. Required Fse. Required  7. Name and Address of New Registered Agent Name ANDERSON, E. J. ANDERSON, E. J. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  WILTON MANORS, FL. 33305  City  FL. Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and site if applicable.  PLE NOWITH FEE IS 3150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.  PSIGNATURE Synaure, types or prince name of registered agent and site if applicable.	Principal Place	e of Business	Mailing Address			1 4 0 1 9 3 0 7				
2. Principal Place of Business   3. Mailing Address   04202004   Chg.P   CR2E034 (10/03)    City & State   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S8.	1881 N E 26	TH ST SUITE 201	1881 N E 26TH ST SUITE 201			14010301				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4202004 Chg-P CR2E034 (10/03)  City & State  Country  Sp. 2530199  Country  Ss. Certificate of Status Desired  88.75 Additional Fee Regated  6. Name and Address of Current Registered Agent  Name  Name  Name  ANDERSON, E.J.  1881 N.E. 25TH STREET, SUITE 201  WILTON MANORS, FL 33305  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **SigNATURE**  Spraker, hyptic workfirst remain of registered agent and title if applicable.  (MOTE Registered Agent agreed required r	WILTON MAN	ORS, FL 33305	WILTON MANORS, FL 33305			ļ				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4202004 Chg-P CR2E034 (10/03)  City & State  Country  Sp. 2530199  Country  Ss. Certificate of Status Desired  88.75 Additional Fee Regated  6. Name and Address of Current Registered Agent  Name  Name  Name  ANDERSON, E.J.  1881 N.E. 25TH STREET, SUITE 201  WILTON MANORS, FL 33305  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **SigNATURE**  Spraker, hyptic workfirst remain of registered agent and title if applicable.  (MOTE Registered Agent agreed required r						L CAMBRON CONTRACT	<b>u</b> e in <b>u</b> n a <b>uche</b> kane <b>a</b> nn	aced aced elem	eura eura utea	LOCK II KAOL
City & State  Country  Cou	2. Principal Place of Business		3. Mailing Address							
Signature   Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004	Chg-P	CR2E034	4 (10/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  ANDERSON, E. J. 1881 N.E. 26TH STREET, SUITE 201 Will TON MANORS, FL 33305  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SignAture  SignAture  Signature, hysid or printed name of registered agent and site if application.  (NOTE Registered Agent agentation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SignAture  Signature, hysid or printed name of registered agent and site if application.  NOTE Registered Agent agentative required when reintening)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution.  AND Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE AND Change Addition  NAME SITILE PO Delete TITLE NAME GULDSTRAND, INGVAR G SITILE ADDRESS CITY-ST-2IP TITLE NAME SITILE TADDRESS SITILE ADDRESS	City & State		City & State				99	<del></del>	<u> </u>	
ANDERSON, E.J.  1881 N.E. 26TH STREET, SUITE 201  WILTON MANORS, FL 33305  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent and table if applicable.  SIGNATURE  Signalure, hyperior printed name of registered agent and table if applicable.  (NOTE: Registered Agent agrature required when reinstaticip)  DATE  FILE NOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Printer Full Contribution.  DETECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  VSTD  ANDERSON, E.J.  STREET ADDRESS  1881 N.E. 26TH ST STE 201  WILTON MANORS, FL 33305  CITY-ST-ZIP  WILTON MANORS, FL 33305  CITY-ST-ZIP  TITLE  P  Delete  TITLE  NAME  STREET ADDRESS  3430 GALT OCEAN DR APT 702  FT LAUDERDALE, FL  Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Zip Country		Zip	Country		5. Certificate of	Status Desired	□ <b>\$</b>	8.75 Add	itional
ANDERSON, E. J.  1881 N. E. 26TH STREET, SUITE 201  WILTON MANORS, FL 33305  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or private name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWITE FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing S5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE VSTD NAME  ANDERSON, E. J.  1881 N.E. 26TH ST STE 201  WILTON MANORS, FL 33305  TITLE P NAME  STREET AUDRESS  CITY-ST-2P  WILTON MANORS, FL 33305  TITLE  MAKE  STREET AUDRESS  3430 GALT OCEAN DR APT 702  FT LAUDERDALE, FL  Delete  TITLE  MAKE  STREET AUDRESS	6. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	ANDEDGO	; M. F. L. <sup>4</sup>		Name						
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature: typed or printed name of registered agent and tabe if applicable. (NOTE: Registered agent are granted entity)   DATE    FILE NOWIN FEE IS \$150.00   After May 1, 2004 Fee will be \$550.00   Push of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature: typed or printed name of registered agent and tabe if applicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the policy of the sum of the state of Florida. I am familiar with, and accept agent of the policy			Street Ado		Address (	s (P.O. Box Number is Not Acceptable)				
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. J. Anderson

Daytime Phone #