

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M66389** (1)
1. Corporation Name
STINER & COMPANY, INC.



Principal Place of Business
**301 BUSINESS PL. 2301 9TH ST E
BAY 9
BRADENTON FL 34208
US**

Mailing Address
**% DIANNE G. STINER
5618 NUTMEG AVE.
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0031169	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STINER, DIANNE G. 5618 NUTMEG AVE. SARASOTA FL 34231				10. Name and Address of New Registered Agent	
				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 607.0502 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		DPST		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		STINER, DIANNE G				1.2 NAME									
STREET ADDRESS		5618 NUTMEG AVE				1.3 STREET ADDRESS									
CITY-ST-ZIP		SARASOTA FL				1.4 CITY-ST-ZIP									
TITLE		D		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		GROSS, CLAIRE MAE				2.2 NAME									
STREET ADDRESS		125 CHAPMAN AVE				2.3 STREET ADDRESS									
CITY-ST-ZIP		NEWSOMERSTOWN OH				2.4 CITY-ST-ZIP									
TITLE		V		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		MCWILLIAMS, KRISTINE STI				3.2 NAME									
STREET ADDRESS		3416 MC INTOSH RD				3.3 STREET ADDRESS									
CITY-ST-ZIP		SARASOTA FL				3.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						4.2 NAME									
STREET ADDRESS						4.3 STREET ADDRESS									
CITY-ST-ZIP						4.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET ADDRESS									
CITY-ST-ZIP						5.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET ADDRESS									
CITY-ST-ZIP						6.4 CITY-ST-ZIP									

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 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: *Dianne G. Stiner* DIANNE G. STINER 1-17-98 841-821-3527

CP2E034 (10/97)