

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M72915** (5)

To: Corporation Name

STANLEY L. STONE, C.P.A., P.A.

Principal Place of Business

Mailing Address

% STANLEY L. STONE
5161 COLLINS AVE., #1111
MIAMI BCH. FL 33140

% STANLEY L. STONE
5161 COLLINS AVE., #1111
MIAMI BCH. FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered 03/21/1988	3a. Date of Last Report 04/26/1994
4. FID Number 65-0038214	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 218.19(1)(a), Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & ZIP	27. City & State
23. Country	28. Country
24. Latitude	25. Longitude
29. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, STANLEY L.
5161 COLLINS AVE
SUITE 1111
MIAMI BEACH FL 33140**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of chapters 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by Chapter 607, Florida Statutes. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and the corporation's liability for intangible tax under 218.19(1)(a), Florida Statutes.

SIGNATURE

Stanley L. Stone

4/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	ST	NAME	☐ Change ☐ Addition
STREET ADDRESS	PST	STREET ADDRESS	
CITY	STONE, STANLEY L.	CITY	
STATE	5161 COLLINS AVE S1111	STATE	
ZIP	MIAMI BEACH FL	ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the 1995 Florida Statutes. I further certify that the information made available in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in writing. I am an officer or director of this corporation or the manager or business representative of this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing and is accompanied by an address.

SIGNATURE:

Stanley L. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

4/14/95

205-86K-9/13