

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90028 031 \*\*\*150.00

DOCUMENT # M77996

1. Corporation Name  
DAMSTONE, INC.

Principal Place of Business  
225 SOUTHERN BLVD  
STE 101  
W PALM BCH FL 33405-2737  
US

Mailing Address  
225 SOUTHERN BLVD  
STE 101  
W PALM BCH FL 33405-2737  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1988

4. FEI Number  
65-0407007

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
25

28 Zip Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELSTON, FRED H., ESQ.  
601 NORTH DIXIE HIGHWAY  
SUITE "B"  
WEST PALM BEACH FL 33402-4507

- Same reg. agent  
- new address

81 Name GELSTON, FRED H., ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)  
215 5TH STREET

83 SUITE 300

84 City WEST PALM BEACH

FL 85 Zip Code 33401

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

TITLE PST  
NAME GELSTON, FRED H.  
STREET ADDRESS 6911 SOUTH FLAGLER DR.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V  
NAME ANSTIS, JAMES H  
STREET ADDRESS 204 RUTLAND BLVD  
CITY-ST-ZIP W PALM BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*James H. Anstis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.09

561-655-9321

Date

Daytime Phone #

CR2E034 (11/98)