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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M80686

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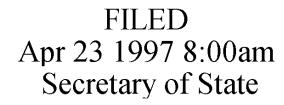
STANLEY A. STOUDER, P.A.

12670 NEW BRITTANY BLVD., #202

Principal Place of Business

Mailing Address

12670 NEW BRITTANY BLVD., #202





				<u> </u>		
				 Date Incorporated or Qualified 05/09/1988 	3a. Date of Last R 04/22/1996	eporl
	lace of Business	2a. Mailing Address		4. FEI Number		plied For
21 2776	SWAMP CABBE	the BELOUNT		65-0036070		t Applicable
Suita Acce	11, 500	27	1E	5. Certificate of Status Desired	\$8.75 A	Additional equired
City State	Myens FL Codnity	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Codntry	Ζφ	Country	8. This corporation has liability for i		
24 #3	1 25	[29]	30	Florida Statutes	Yes No	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	UDER, STANLEY A	00	- Name			
	70 NEW BRITTANY BLVD., #20 MYERS FL 33907	K	82 Street Add 272	gress (P.O. Box Number is Not Acceptable Swamp Cabbi	AGE Cou	N
			84 City		85 Zip	Code /
			10	N7 MYEAS rporation submits this statement for the p	FL 3	3900
agent. La	im familiar with, and accept the ob-	oligations of, Section 607.0505, Flo	orida Statutes. E. Registered Agent signature req	ation's board of directors, I hereby acceptualized when reinstation)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	STOUDER, STANLEY A		1.2 NAME	_	·	
STREET ADDRESS	12670 NEW BRITTANY BLVI)., #202	1.3 STREET ADDRESS	7726 SWAMP CA FONT MYBRS, FL	BBAGE CO	DURT
C-TY-ST-ZIP	FT. MYERS FL 33907		1.4 CITY-ST-ZIP	FORT MYERS FL	. 3390	1
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A Post I Alvada on a			2.2 NAME			
2000 FURTHERS			2.2 NAME 2.3 STREET ADDRESS			
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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 of Block 13 if changed, or on an attachment with an address.