## FILE NOW: FILING F&E AFTER MAY 1 IS \$225.00



COR ANNU	PORATION JAL REPORT 1996	Secretar	TMENT OF STATE  Mortham  y of State  ORPORATIONS	£				
1. Corporation	MENT # M9910 INAME ER & ASSOCIATES, INC.	7 (8)			T IRECORD ON THE REAL WAY OF THE	<b>                                  </b>	1 <b>8</b> 21 <b>81811 318</b>	HI BIJIY DIBIL 1581
Principal Place of Business  * VERA-LYNN STONER 1372 N UNIVERSITY DR PLANTATION FL 33322 US		Mailing Address  * VERA-LYNN STONER 1372 N UNIVERSITY DR PLANTATION FL 33322 US			3. Date Incorporated or Qualified 09/13/1988	<b>3a.</b> Da	te of Last I	Report
	ace of Business	2a. Mailing Address	e	<u></u> -	4. FEI Number	<u>-</u> '	00/20/18	Applied For
21		26			65-0078695			Not Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
Crty & State	)	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.0	Required  May Be ed to Fees
Zip 24	Country 25	Ζιρ	Country 30		8. This corporation has liability for i	intangible		
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered	Agent	
070115			81 Nar	ne				
STONER, VERA LYNN 5381 SW 20TH ST.			82 Stre	et Addres	s (P.O. Box Number is Not Acceptab	€)		
	TION FL 33317		83			<del></del>		
			04					
			84 City			FI	_	?ip Code
I OF TELLOSTER	o the provisions of Sections 607,0502 ed agent, or both, in the State of Fiorid	B. Such chande was authorized	, the above named	d corporati	on submits this statement for the pur	pose of ch	nanging its	registered office
familiar wit	h, and accept the obligations of Secti-	on 607.0505. Florida Statutes.	by the emporation	11 3 0001 0	er directors. Priereby accept the appli	лицинен п. а	is registere	d agent. Fairi
SIGNATURE _	Signature, typed or printed matter of regularies agent :	and the tapping the [Note:	Beginnered Agent signat.	are recorded w	fun rematating	. DATÉ		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
TITLE	ST	☐ DELETE	1 1 TITLE				☐ Change	Add tion
NAME	STONER, JAMES D		1.2 NAME					
STREET ADDRESS	5361 SW 20 ST. PLANTATION FL 33317		1.3 STREET ADDRES	SS				
CITY-S1-ZIP TITLE	PD	DELETE	2 1 TITLE				Change	Addition
NAME	STONER, VERA LYNN		2.2 NAME				Change	Addition
STREET ADDRESS	5361 SW 20 ST.		2.3 STREET ADDRE	ss				
CITY - ST - ZIP	PLANTATION FL 33317		2.4 CHTV - ST. ZIP					
THILE		☐ DETELE	3 t TITLE				☐ Change	Addit on
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRE	SS				
CITY+ST-ZIP TITLE		□ DELETE	3 4 C!!Y+ST-ZIP 4 1 T!TLE		<del>- 60000102</del>	227	56.	- Addition
NAME			4 2 NAME		<del></del>	1540	[4] Change	Addition
STREET ADDRESS				ss	***200.00			
City-ST-ZIP			4.3 STREET ADDRESS   4.4 City - St. Zip					
TITLE		☐ DELETE	5 I TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRES	SS				
CITY-SI-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE				Chang	
NAME		La Dateit	6 2 NAME				Change	Addition
STREET ADDRESS			6.3 STREET ADDRES	ss				76.1

CITY-ST-ZIP

14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 en powered 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Discreption:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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