

04-02-2002 90961 035 ***150.00

DOCUMENT # P000000 64516
1. Entity Name
STEWART FAMILY INVESTMENTS, Inc

80057167

2. Principal Place of Business 7901 SW 6TH COURT		3. Mailing Address 7901 SW 6TH COURT		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. SUITE #110		Suite, Apt. #, etc. SUITE #110			
City & State PLANTATION, FLORIDA		City & State PLANTATION, FLORIDA		4. FEI Number 65-1021391	
Zip 33324		Country USA		Applied For Not Applicable	
Zip 33324		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	DAVID R. SLOTKIN	
Street Address (P.O. Box Number is Not Acceptable)	7401 SW 6th Court Suite #110	
City	FL	Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STEWART, ANDREW J 7901 SW 6th COURT #110 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS STEWART, SALLY DIANE 7901 SW 6th COURT #110 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

954-382-9460

CR2E034B (12/01)