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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P92000 (STEMS, INC.	0003626 (8)			
Principal Place	e of Business	Mailing Address			
4818 CORNADO PKWY SUITE 18 CAPE CORAL FL 33904		4818 CORONADO PKWY SUITE 18 CAPE CORAL FL 33904			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
a Principal P	lace of Business	2a. Mailing Address			11/12/1992 4. FEI Number Applied For
21		26			65-0372770 Not Applicab
Suite, Apt	#, elc	Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip 24	Country 25	Zip [29]	Count	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren				10. Name and Address of New Registered Agent
BR	EVOORT, RICHARD		8	1 Name	
	18 CORONADO PKWAY PE CORAL FL 33904		8	2 Street A	Address (P.O. Box Number is Not Acceptable)
	TE OOIVETE OCCU		8	3	
			8	4 City	FL 85 Zip Code
agent I a	m familiar with, and accept the obligation of th	ntions of Section 607.0505, Flo	orida Statut	es.	required when reinstating) DATE DATE ADDITIONS CHARGES TO DESIGNED AND DISECTORS AN
12.	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BREVOORT, RICHARD		1.2 NAME		_
STREET ADDRESS	4818 CORONADO PKWY		1.3 STRE	ET ADDRESS	
CITY-SI-ZIP	CAPE CORAL FL		14 CHY	ST-71P	
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	WHITNEY, RUSSELL		2.2 NAM		
STAFET ADDRESS	4818 CORONADO PKWY		li .	FI ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	DELETE	2 4 CITY		Change Additio
TITLE NAME		[] Deter	3 1 TITLE 3 2 NAMI		
STREET ADDRESS				FT ADDRESS	
CITY - ST - ZIP			3.4 CITY)	
TITLE		DELFTE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	et address	
CITY-SF-ZIP			4.4 CITY		
TNLE		☐ DELETE	5 1 TITLE		L_J Change L_J Addition
NAME			52 NAME		
STREET ADDRESS				T ADDRESS	
CITY-S1-ZIP TITLE		DELETE	5 4 City 61 Title		☐ Change ☐ Addition
NAME		בן טוננונ	6.2 NAME		LI Change LI Addition
STREET ADDRESS				ET ADDRESS	

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 copyrighton or the receiver or trusted appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 15 1998 8:00am

Secretary of State