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Apr 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # **P93000032704**

1. Corporation Name
GARY STEWART ASSOCIATES, INC.



Principal Place of Business 2506 DICK WILSON DRIVE SARASOTA FL 34240 US	Mailing Address 2506 DICK WILSON DRIVE SARASOTA FL 34240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7267 Bee Ridge Rd	2a. Mailing Address 26 7840 Chick Evans Pl
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL.	City & State 28 SARASOTA FL
Zip 24 34241	Country 25 SARA.
Country 29 SARA.	Zip 30 34240

3. Date Incorporated or Qualified 05/05/1993	Applied For Not Applicable
4. FEI Number 65-0408253	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
STEWART, GARY
~~2470 DICK WILSON DR~~ **7840 CHICK EVANS PL**
SARASOTA FL 34240
SARA. FL 34240

10. Name and Address of New Registered Agent

81 Name GARY STEWART
82 Street Address (P.O. Box Number is Not Acceptable) 7840 CHICK EVANS PL
83
84 City SARASOTA
85 State FL
86 Zip Code 34240

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: **GARY STEWART** (Signature) **Gary Stewart** (Typed Name) **4/12/99** (Date)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	STEWART, GARY
STREET ADDRESS	2470 DICK WILSON DR
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **GARY STEWART** (Signature) **GARY STEWART** (Typed Name) **4/12/99** (Date) **94-379-3411** (Daytime Phone #)

CR2E034 (1/98)