

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. McElham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000033300 (3)

1. Corporation Name

STANGAP, INC.



Principal Place of Business

1453 BISCAYA DRIVE
SURFSIDE FL 33154

Mailing Address

1453 BISCAYA DRIVE
SURFSIDE FL 33154

2. Principal Place of Business

2a. Mailing Address

21 19366 NW 13 ST

26 19366 NW 13 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pembroke Pines FLA

28 Pembroke Pines, FLA

24 33029 25 USA

29 33029 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

65-0416935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

BLUMIN, STANLEY J

1453 BISCAYA DR.

PAA

SURFSIDE FL 33184

19366 NW 13 ST
Pembroke Pines, FLA
33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Sections 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when registering)

1-VI-96

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BLUMIN, J. STANLEY
STREET ADDRESS 1453 BISCAYA DRIVE
CITY-ST-ZIP SURFSIDE-FL 33184

☐ DELETE

TITLE S
NAME BLUMIN, ELLEN N.
STREET ADDRESS 1453 BISCAYA DR.
CITY-ST-ZIP SURFSIDE-FL 33184

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

J. Stanley Blumin, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)