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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION **ANNUAL REPORT**

1997

24



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000038815 (5)

STONE'S SCULPTURE PROJECT, INC.

25

BOYNTON BEACH FL 33426

STONE, PATRICK J 606 W INDUSTRIAL AVE

Principal Place of Business Mailing Address 606 W INDUSTRIAL AVE 606 W INDUSTRIAL AVE **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426-3651 3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1993 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 65-0420259 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032,

30

84 City Zip Code

81 Name

82

83

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 100 accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registartos agent and title (il applicable. INOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 YOLE	☐ Change	Addition
NAME	STONE, PATRICK J		1.2 NAME		
STREET ADDRESS	1305 NW 7TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		1.4 City-S1-ZiP		
TITLE	D	DELETE	21 TITLE	☐ Change	Addition
NAME	STONE, DOREEN M	,	2.2 NAME		
STREET ADDRESS	1305 NW 7TH ST		23 STREET ADDRESS		
CITY-SY-ZIP	BOYNTON BEACH FL 33426		2.4 CITY+ST-ZIP		
TITLE		DELETE	31 TITLE	☐ Change	Addition
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELFTE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREFT ADDRESS		
CITY-\$T-ZIP			5.4 C(1Y-ST-7)P		
TITLE		DELETE	6.1 TITLE	☐ Change	Addition

I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with my address.

6.3 STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

5-1-97

FILED

May 14 1997 8:00am

Secretary of State

Yes No

Florida Statutes

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

10. Name and Address of New Registered Agent

Applied For

Fee Required

Added to Fees

Not Applicable