

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000038815

1. Corporation Name
STONE'S SCULPTURE PROJECT, INC.

Principal Place of Business 606 W INDUSTRIAL AVE BOYNTON BEACH FL 33426		Mailing Address 606 W INDUSTRIAL AVE BOYNTON BEACH FL 33426	
2. Principal Place of Business 21	2a. Mailing Address 26	2b. Suite, Apt. #, etc. 22 27	2c. City & State 23 28
2d. Zip 24	2e. Country 25	2f. Zip 29	2g. Country 30

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 05/25/1993	4. FEI Number 65-0420259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
6. Election Campaign Financing <input type="checkbox"/>	Trust Fund Contribution	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent		
STONE, PATRICK J 606 W INDUSTRIAL AVE BOYNTON BEACH FL 33426		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85
10. Name and Address of New Registered Agent		

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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D		<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				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:

Patrick J. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90072 016 ***150.00

03702

G22034 (11/93)