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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000049098 (5) DOCUMENT # 1. Corporation Name

STOUT REALTY INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			F\$1 0 0 0 \$8 4	4811) 88 111 8 7818 1811) 881)	O FRONDE NOVA HARA
240 CHURCHILL RD. 240 CHURCHILL RD. W. PALM BEACH FL 33405 W. PALM BEACH FL 33405			405				
		TO THE PERIOR IS AVIO			DO NOT WRITE IN THIS SPACE		
					corporated or Qualified		
ļ <u> </u>					<u>/1993</u>		
2. Principal Place of Business		2a. Mailing Address		4. FEI Nun			Applied For
21 Suite And H ale		26		65-(<u> 4 16246</u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifica	ite of Status Desired		5 Additional
City & State		City & State					Required
23		28			Campaign Financing nd Contribution		00 May Be ed to Fees
Zip	Country	7 _{(P}	Country		poration owes or has p		
24	25	29	30	1	l Property Tax due Jun	4 ′	∏ No
	and Address of Current R		1001		nd Address of New R		
STOUT, ZOE E				me			
240 CHURCHILL RD.			82 Str	eet Address (P.O. Box I	Number is Not Accents	hle)	
W. PALM BEACH FL 33405					tomber is not necepta	isio)	
			83				
			84 Cit			85 Zi	ip Code
<u> </u>							`
11. Pursuant to the provision office or registered ago	ons of Sections 607.0502 ar	nd 607,1508, Florida Sta tu	tes, the above-nar	ned corporation submits	this statement for the	purpose of changing	its registered
agent. I am familiar with	n, and accept the obligation	ns of, Section 607.0505, FI	lorida Statutes.	corporation's board of t	medicis. Thereby acce	spt trie appointment	as registered
SIGNATURE							
Signature, typed o	r printed harnin of telepstered agent an OFFICERS AND D			ature required when reinstating)	10101111050 TO OFF	DATE	
TITLE D	Or rot na XIVI) ()	DELETE	13. 1.1 TITLE	ADDITION	NS/CHANGES TO OFFI	Chang	
NAME STOUT,	ZOE	23	1.2 NAME			Unitary.	o
	IRCHILL RD.		1.3 STREET ADDR	22:			
CITY-ST-ZIP W. PALM	BEACH FL 33405		1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TITLE			Change	e Addition
NAME			2.2 NAME				_
STREET ADDRESS			2.3 STREET ADDRE	ess			1
CITY-ST-ZIP			2. 4 CITY - ST- ZIP	· ·			İ
TIME		DELETE	3.1 TITLE			☐ Change	e Addition
NAME			3.2 NAME	1			
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CITY-ST-ZIP			3.4. CITY-ST-ZIP				
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NAME			4 2 NAME				į
STREET ADDRESS			4.3 STREET ADDRE	ss			[
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRE	SS			
CITY-ST-ZIP		Divere	5.4 CITY - ST - ZIP	<u> </u>			1.2.
TITLE		☐ DELETÉ	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRE	SS			
CITY-ST-ZIP	ioformation according with the	via filipse dono not avalite t	6.4 CITY-ST-ZIP	totad in Continu 110 07/	500 FG 115 60 CC	LT	

I nereby 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 informatic 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.