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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State **DIVISION OF CORPORATIONS** 

1996

**DOCUMENT #** 

P93000071594 (4)

GEORGE W. STONE, P.A.



Principal Place of Business Mailing Address							<b>                                 </b>		17110 (8111 <b>818</b> 1 ( <b>88</b> 1
126 BERKSHIRE CIRCLE E LONGWOOD FL 32779		126 BERKS	126 BERKSHIRE CIRCLE E LONGWOOD FL 32779						
				<u>.                                    </u>		3. Date Incorporated or Qualified 10/15/1993	3a. Date	of Last F	•
2. Principal Pla	ace of Business	<b>2a.</b> Mailing Add	ress			4. FEI Number		L	Applied For
Suite, Ant. #, etc.		·	26		····	59-3208656	N		Not Applicable
22	*, etc.	Suite, Apt. :	#, etc.			5. Certificate of Status Desired			5 Additional
City & State		City & State				& Floring Commission Financia			Required
23	<del>"</del>				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	28 Zip		Country	y	8. This corporation has liability for i	ntangible tay		
24	[25]	29	30			Florida Statutes 🔀 Yes		. 611001 0	100.002,
	9. Name and Address of Cur	rrent Registered Agent			,	10. Name and Address of New R	egistered A	gent	
				81	Name				
	, GEORGE W		82 Street Ad		dress (P.O. Box Number is Not Acceptable)				
	RKSHIRE CIRCLE E								
LONGV	VOOD FL 32779			83					
				84	City			85 Zi	p Code
44 5					'	oration submits this statement for the pur	FL	1 !	
SIGNATURE	Signature, typed or printed name of registered a			******	nt signature requ	ired when reinstating)	DATE		
TITLE	D OFFICERS.	AND DIRECTORS		13.	<del></del>	ADDITIONS/CHANGES TO OFFI			
NAME	STONE, GEORGE W	ل مرر		1 1 TITLE			L.	) Change	Addition
STREET ADDRESS	126 BERKSHIRE CIRCLE	F		1.2 NAME	LADDOCCO				
CITY-ST-ZIP	LONGWOOD FL 32779	L-	1		ADDRESS				
TITLE	D	<u>Γ</u> ] DEι	E 5 /	1.4 CITY - S 2 1 TITLE	S1-21P			Change	Addition
NAME	STONE, ROBERTA	۵		2.2 NAME			L.,	Gliange	[] Moningo
STREET ADDRESS	126 BERKSHIRE CIRCLE	E			ADDRESS				
CITY-S1-ZIP	LONGWOOD FL 32779			4 CITY-S					
TITLE		DEL		. 1 TITLE			[7]	Change	[ ] Addition
NAME			3	2 NAME			L		
STREET ADDRESS			3	I.3. STREE	T ADDRESS				
CITY-ST-ZIP		*·		4 CITY - 5	T-ZIP				
TITLE		☐ DEL	ETE 4	. 1 TITLE				Change	Addition
NAME			1 4	.2 NAME					
STREET ADDRESS			4	.3 S1REE1	ADDRESS				
CITY - ST - ZIP		F-7		4 CITY-S	T-7IP				
TITLE		DEL DEL	tit 5	. 1 TITLE	-			Change	Addition
NAME									
STREET ADODCCC				.2 NAME					
STREET ADDRESS			5	.3 STREET	ADDRESS				
CITY-ST-ZIP		Γ¹ nci	5	3 STREET	j				
CITY-ST-ZIP TITLE		☐ DEL	5 5 FTE 6	3 STREET 4 CHY-S 1 TITLE	j			Change	☐ Addition
CITY-ST-ZIP TITLE NAME		□ DEI	5 5 FTE 6	3 STREET 4 CHY-S . 1 TITLE .2 NAME	T-ZIP			Change	Addition
CITY-ST-ZIP TITLE		□ DEI	5 5 6 6	3 STREET 4 CHY-S 1 TITLE	T-ZIP ACORESS			Change	Addition

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 cath; 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, changed, or on an adaptment with an address.

SIGNATURE: X SLONG W. Stone 4/30/96 407-339-/553