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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P9300 NT-STONE, INC.	00074928 (1)					(8)	İ
Principal Place of Business Mailing Address									
8914 TAFT Pembroki Us	ST. E PINES FL 33024	8306 NW 37TH ST. CORAL SPRINGS FL US	. 33065						
					3. Date Incorporated or Qualified 10/28/1993	1	of Last F 05/11/1	•	
2. Principal Place of Business		2a. Mailing Address	1		4. FEI Number			Applied For	
Suite, Apt #, etc		26 Suite Act it ata						Not Applicable	
22		Suite Apt. #, etc			5. Certificate of Status Desired			5 Additional	
City & State		Oty & State			6. Election Campaign Financing			Required	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zφ	Country	Zip	Country	y	8. This corporation has liability for i	intangiole ta			\dashv
24	25	29	30		Florida Statutes 📝 Yes	□ No		, , , , , , , , , , , , , , , , , , , ,	
	9. Name and Address of Current	Registered Agent		r .	10. Name and Address of New R	egistered	Agent		
En Alo	C 1840		81	Name					
Filings, Inc. 3732 NW 16TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			-
	LAUDERDALE FL 33311		83						_
10111	DAODERDALL IL 33311		03						
			84	City		E1	85 Z ₁	p Code	1
11. Pursuant t	o the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	es, the above	hamed corpor	ration submits this statement for the pur	FL	pogino ito r	rocictorad offic	
or register familiar wit	ed agent, or both, in the State of Florid; h, and accept the obligations of, Sectio	ii. Such change was authorizi ia 607,0505. Floreda Statutes	ed by the con:	oration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of the pintment as	registered	egistereti diric i agent. Lam	9
SIGNATURE			•						
	Signative, types or productions, of regions a agradian Laterature as a (NO			nt signature require	ow _t echenostig)	DATE			16
12.	OFFICERS AND	DIELETE	13.		ADDITIONS/CHANGES TO OFFI			RS IN 12	6°
NAME	STONE, ALFRED R		1 1 TIFLE] Change	Addition	15
STREET ADDRESS	8306 NW 37TH STREET		I 2 NAME						8
CITY-ST ZIP	CORAL SPRINGS FL 33065		1.3 STREET	ľ					160
TITLE	D	DELETE		51-7P			T Change		CR2E034 (12/95)
NAME	STONE, SHEENA					Ĺ] Change	☐ Addition	
STREET ADDRESS	8306 NW 37TH STREET		2.2 NAME 2.3 STREET	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY - S						
TITLE	DELETE		3 1 TIFLE	····	·····	Г] Change	Addit on	-
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	I ADDRESS					
CITY+ST-ZIP			3 4 C/TY - S	1 - ZiP					
1:TLE		DELETE	4 1 1:115			Ī	Change	Addition	1
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP TITLE		C DC. ETC	44 CITY S	I - ZIP					
NAME		☐ DECEIR	DESETE 5: TITLE			L.] Change	Addition	
STREET ADDRESS			5.2 NAME						
CITY-ST-ZIP			53 STREET						
TITLE		DELETE	5 4 CITY-S 6 1 TITLE	1 20			1 Chacas	ED Advers	_
NAME			6.2 NAM(L] Change	Addition	
STREET ADDRESS			6.3 STREE!	ADDRESS					
CITY-ST-2IP			64 CITY - ST						
44 Lolo bosobis	and the total and the second second	·							1

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). Fiorida Statutes, I further certify that the information indicated on this annual report or suppliemental 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 comporation 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 954/433-5437