

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000079393 (3)**

1. Corporation Name

**STONECOURT DEVELOPMENTS, INC.**



Principal Place of Business

**1223 OCEAN DUNES CIRLCE  
JUPITER FL 33477  
US**

Mailing Address

**1223 OCEAN DUNES CIRLCE  
JUPITER FL 33477  
US**

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HEATZIG, GRANT W. W. GRANT  
1223 OCEAN DUNES CIRCLE  
JUPITER FL 33477**

3. Date Incorporated or Qualified

**11/12/1993**

3a. Date of Last Report

**02/14/1995**

4. FEI Number

**65-0448131**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **HEATZIG W. GRANT**

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Agent

Signature of Agent

12. OFFICERS AND DIRECTORS

12a. NAME ☐ OFFICER ☐ DIRECTOR  
12b. STREET ADDRESS  
12c. CITY-STATE-ZIP  
12d. NAME ☐ OFFICER ☐ DIRECTOR  
12e. STREET ADDRESS  
12f. CITY-STATE-ZIP  
12g. NAME ☐ OFFICER ☐ DIRECTOR  
12h. STREET ADDRESS  
12i. CITY-STATE-ZIP  
12j. NAME ☐ OFFICER ☐ DIRECTOR  
12k. STREET ADDRESS  
12l. CITY-STATE-ZIP  
12m. NAME ☐ OFFICER ☐ DIRECTOR  
12n. STREET ADDRESS  
12o. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME ☐ Change ☐ Addition  
13b. STREET ADDRESS  
13c. CITY-STATE-ZIP  
13d. NAME ☐ Change ☐ Addition  
13e. STREET ADDRESS  
13f. CITY-STATE-ZIP  
13g. NAME ☐ Change ☐ Addition  
13h. STREET ADDRESS  
13i. CITY-STATE-ZIP  
13j. NAME ☐ Change ☐ Addition  
13k. STREET ADDRESS  
13l. CITY-STATE-ZIP  
13m. NAME ☐ Change ☐ Addition  
13n. STREET ADDRESS  
13o. CITY-STATE-ZIP  
13p. NAME ☐ Change ☐ Addition  
13q. STREET ADDRESS  
13r. CITY-STATE-ZIP

14. I 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)(a), 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. I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. GRANT HEATZIG**

Sec/Treas

12 Feb 96 (407) 625 6624

CR2E034 (12/95)