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

DOCUMENT # P93000080647 (9) STANRET PROPERTIES, INC.					
Principal Place	of Business	Mailing Address		—- I IODAIDDA KIB ARKOD KKIK ODKKI DBKK	Faran Color (Unit Baline Chia) (1991) 1061 1091
1414 BAYSHORE BLVD. Dunedin Fl 34698		1414 BAYSHORE BL DUNEDIN FL 34698	VD.		
				3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 06/27/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		Suite, Apt #, etc.	······································	59-3211193	Not Applicable
22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	ZIp	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Ro	
	.		81 Name		
FREIFELD, STANLEY 1414 BAYSHORE BLVD. DUNEDIN FL 34698			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
			83		
DOMEDII	N FL 34090		63		
			84 Crty		85 Zip Code
QIOMATLIDE	gnature, typed serinted mine of egildered aging	o to entrappoliticat (F)	OTE - A gradered Agreet significant require		DATE
TITLE	D ON CERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	FREIFELD, STANLEY	C) otten	1 1 TITLE 12 NAME		Change Addition
STREET ADDRESS	1414 BAYSHORE BLVD.		13 SPREEL ADDRESS		
DITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2 1 TIFLE		Change Addition
NAME	FREIFELD, LORETTA 1414 BAYSHORE BLVD.		2 2 NAME		_
STREET ADDRESS	DUNEDIN FL 34698		2.3 STREET ADDRESS		
TILE	DONEDHI I E O 1000	DELETE	2.4 CITY-S1 - ZIP 3.1 TITLE		
IAME			3 2 NAME		☐ Change ☐ Addition
TREET ADDRESS			3.3 STREET ADDRESS		
C(TY-ST-ZIP			3.4 CITY - ST - ZIP		
ITLE		DELFTH	4 1 TIT.E		Change Addition
ITREET ADDRESS			4 2 NAME		
ITY-ST-ZIP			4.3 STREET ADDRESS		
TLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
AME			5.2 NAME		Change Addition
TREET ADDRESS			5.3 STHEET ADDRESS		ļ
ITY-ST-ZIP			5.4 CHTY - ST - 7IP		
ITLE		Decete	6 I TITLE	4.0	Change Addition
IAME Treet address			6.2 NAME		
VIY-SI-ZIP			6 3 STREET ADDRESS		
4. I do hereby	certify that the information supplied v	vith this filing is voluntarily furn	64 CITY-ST-ZIF hished and does not qualify for	or the exemption stated in Section 119.07	7/3//W Florida Statutos 15-4hrs
oath; that I a	he information indicated on this armulan an officer or director of the corpo allock 12 or Block 13 if changed.	ration or the receiver or truste	e entrovered to execute the	or the exemption statled in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Flori	ime logal effect as if made under ida Statutes; and that my name

SIGNATURE:

MATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Priorie #