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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 02 1997 8:00am

Secretary of State

DOCUMENT # P93000080647 (9)

STANRET PROPERTIES, INC.

Principal Place of Business 1414 BAYSHORE BLVD. DUNEDIN FL 34598		Mailing Address							
		1414 BAYSHORE BLVD. Dunedin Fl. 34698-4217							
						3. Date incorporated or Qualified 11/22/1993	;	te of Last 23/1996	Report
2. Principal	Place of Business	28. Mailing Address	28. Mailing Address			4. FEI Number		Applied For	
21		26				59-3211193			Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27 Charle Charles							Required
City & St	ate	City & State	· ····································			Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees		
23 Zip	Country	7 ip Co				This corporation has liability for it			
24	25	29	30	JOI III y			ntangible Yes [8. 199.032,
24]	9. Name and Address of Curr		1301	Т		10. Name and Address of New Re			
FR	REIFELD, STANLEY			81	Name		=		
	114 BAYSHORE BLVD.		90 00 1011			dress (P.O. Box Number is Not Acceptab	lot		
	UNEDIN FL 34698		82 Stree			dress (P.O. Box Number is Not Acceptar.	10)		
•			83						
				84	City			85 Zi	o Code
							FL.	. }	
office o agent. I SIGNATURI	I am familiar with, and accept the obl	igations of, Section 607.0505,	Florida St	atutes	S.	rporation submits this statement for the pation's board of directors. I hereby acceptions to the patient of the	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	_	
TITLE	D	☐ DELETE	11	THILE	- 1			Change	Addition
NAME	FREIFELD, STANLEY			NAME					
STREET ADDRES					ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698			CITY- S	ST-7IP			Change	. Addiso
TITLE	D COESTER LODETTA	DELETE	l l	11111					Addition
NAME	FREIFELD, LORETTA 1414 BAYSHORE BLVD.		i	NAME					
STREET ADDRES	DUNEDIN FL 34698		1		ADDRESS				
CITY-ST-ZIP TITLE	DONCON PL 34090			2. 4 C(1Y - S1 - Z(P) 3.1 T(1) (E				Change	a
NAME		L. Vettit		NAME					
STREET ADDRES	200				I ADDRESS				
CITY-ST-ZIP	~			L CITY-					
TITLE	DELETE			4.1 TITLE				Change	e Addition
NAME			4 :	2 NAME					
STREET ADDRES	ss		4,3	STREET	I ADDRESS				
CITY-ST-ZIP			4.4	CITY-S	S1 - 7)P				
YITLE		☐ DELETE	5 1	TITLE				Chang	e 🔲 Addition
NAME			5.2	NAME	1				
STREET ADDRES	ss		5.3	STREE	T ADDRESS				
CITY-ST-ZIP				CITY-	S1-7(P				
TITLE		☐ DELETE	6 1	THLE				L.] Chang	e L Addition
NAME				NAM?					
STREET ADDRES	SS		63	STRFE	I ADDRESS				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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.