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

Mailing Address

2a, Mailing Address

#207

26

380 N. BAYSHORE BLVD.

CLEARWATER FL 34619-3842

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000002722 (4)

STH HOLDINGS, INC.

Principal Place of Business

2. Principal Place of Business

380 N. BAYSHORE BLVD.

CLEARWATER FL 34619

SIGNATURE:

#207

Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name HEFTER, SANDY L 380 N. BAYSHORE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) #207 83 CLEARWATER FL 34619 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes. Sanoy SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Addition DELETE Change TITLE 1.1 TITLE NAME HEFTER, SANDY 1.2 NAME 380 N. BAYSHORE BLVD. #207 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS HY-ST-ZIP 2 4 CITY - ST- ZIP DELETE Change \_\_ Addition 3.1 TITLE TLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE IIIIF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-\$1-ZIP Change Addition DELETE TITLE 6.1 Title NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-Z-P 14. I do hereby certify that the information supplied with this filing 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

FILED Feb 06 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

02/01/1996

3. Date incorporated or Qualified

01/04/1994

59-3217391

4. FEI Number