SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400004643 (0) P. S. STOCKING, INC.

FILED Sep 08 1997 8:00am Secretary of State

R.S. STOCKING, INC. Principal Place of Business Mailing Address 821 HIBISCUS DR 1400 CENTREPARK BLVD. ROYAL PALM BEACH FL 33411 SUITE 909 W PALM BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1994 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Bal Hibiscus Dr. 65-0515932 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State **Koya** City & State 6. Election Campaign Financing \$5.00 May Be Palm Beach, FL 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible ÜSA 3341 24 Yes ∏ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STOCKING, R. SCOTT 81 Name 821 HIBISCUS DR 82 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 64 City Zip Code 28, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ion 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 60 it, or both, in the State of Florid cept the obligations SIGNATURE ol registered agent a (NOTE: Registered Agent signature required when reinstating) DATE HICERS AND DIRECT 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **4**9 DELETE 1.1 TITLE Change Addition TITLE STOCKING, R S NAME 1.2 NAME 821 HIBISCUS DR. 1.3 STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TOLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 to impact or on an attachment with an address.