## 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

	Name	00015937 (3	,				
STOL	rz insurance sales, in	C.					
rincipal Place	of Business	Mailing Address				<u>                                   </u>	
428 SHORE VENICE FL		428 SHORE DRIVE VENICE FL 34285					
U\$		U\$			3. Date Incorporated or Qualified	3a. Date of La	
Directoral Ole	a Lat Euripean	2a, Mailing Address			03/01/1994 4. FEI Number	.⊥	0/1995 Applied For
	CE FIREIDA	26 An	12-		NOT APPLICABLE		Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State	37082- 80	City & State			Election Campaign Financing     Trust Fund Contribution	\$	5.00 May Be
VEN	112 TT	28 Zip	Country		This corporation has liability for		
1342	Country S PRASO	29	30		Florida Statutes Yes	s □No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New I	Registered Agen	t
			81	Name			
STOLTZ, JEROME M 428 SHORE ROAD			<b>82</b> Str		ddress (P.O. Box Number is Not Acceptable)		
			83				· · ——
VENIC	E FL 34285					85	Zip Code
			84 City		ration submits this statement for the pu	FLI	
GNATURE		ction 607,0505, Florida Statutes.		oration's bod	and directors. Protectly decopy the ep-	DATE	
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GNATURE _	Signature, typed or printed name of registered legal OFFICERS AN	et and title if applicance. (NOT	E: Registered Age	oration's bod	od when renstating)	DATE FICERS AND DIR	ECTORS IN 12
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Too nereby certify that the information supplied with this liting is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(a)(iii), Fuorida Statutes 1 turner 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 logal 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.

SIGNATURE:

OME m. 570172- PAS 4-19-96 74/~480 74/