FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028119 (3)**

1. Corporation Name
UNCLE STAN'S, INC.

Principal Place of Business	Mailing Address
225 SOUTHERN BLVD WEST PALM BEACH FL	225 SOUTHERN BLVD WEST PALM BEACH FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 450 NORTHLAKE BLVD
Suite, Apt. #, etc.
22 STE 1
City & State
23 LAKE PARK, FL.
Zip 24 33408 Country 25 PALM BCH.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0483937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KADYSZEWSKI, T. W.
225 SOUTHERN BLVD
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

01 Name: GREGG S. LERMAN, P.A.
02 Street Address (P.O. Box Number is Not Acceptable): VIA JARDIN STE 209
03 330 CLEMATIS ST.
04 City: WEST PALM BCH. FL 05 Zip Code: 33401

11. Pursuant to the provisions of Section 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.

SIGNATURE: [signature] DATE: 4/11/95
Signature of new registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☑ Change ☐ Addition
NAME	PURCELL, STANLEY O	12 NAME	
STREET ADDRESS	225 SOUTHERN BLVD	13 STREET ADDRESS	450 NORTHLAKE BLVD STE 1
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	LAKE PARK, FL. 33408
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Stanley O Purcell 3-15-1995 407-863-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

024830 CF