

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000042455 (3)**

1. Corporation Name

**M. D. STEWART ENTERPRISES, INC.**



Principal Place of Business <b>28467 US HWY 19 N SUITE 302 CLEARWATER FL 34621 US</b>	Mailing Address <b>28467 US HWY 19 N SUITE 302 CLEARWATER FL 34621-2517 US</b>
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2. Principal Place of Business <b>21 28469 US Hwy 19 N.</b> Suite, Apt. #, etc. <b>22 Suite 402</b> City & State <b>23 Clearwater, FL</b> Zip <b>24</b>		2a. Mailing Address <b>26 28469 US Hwy 19 N.</b> Suite, Apt. #, etc. <b>27 Suite 402</b> City & State <b>28 Clearwater, FL</b> Zip <b>29</b>		3. Date Incorporated or Qualified <b>06/07/1994</b>		3a. Date of Last Report <b>02/08/1996</b>	
		4. FEI Number <b>59-3302122</b>		Applied For <input type="checkbox"/> Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>JENNINGS, THOMAS C III HODUSA TOWER - SUITE 408 28870 U.S. HWY. 19 CLEARWATER FL 34621-2564</b>				10. Name and Address of New Registered Agent <b>81 Name M.J. Maricle</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 28469 U.S. Highway 19 N.</b> <b>83 Suite 402</b> <b>84 City Clearwater FL 85 Zip Code 34621</b>			
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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.

SIGNATURE *M.J. Maricle* **M.J. MARICLE** **1-29-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEWART, MICHAEL</b>		1.2 NAME	
STREET ADDRESS <b>28467 US HWY 19 N SUITE 302</b>		1.3 STREET ADDRESS <b>28469 US Hwy 19 N, Suite 402</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEWART, L. D</b>		2.2 NAME	
STREET ADDRESS <b>3677 WOODRIDGE PLACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/29/97** **813-726-9433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)