

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90149 007 ***150.00

DOCUMENT # P94000042455

1. Corporation Name

M. D. STEWART ENTERPRISES, INC.

Principal Place of Business

28469 US HWY 19 N
STE 402
CLEARWATER FL 34621
US

Mailing Address

28469 US HWY 19 N
STE 402
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

59-3302122

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 28463 US 19 N.
Suite, Apt. #, etc.

2a. Mailing Address

26 28463 US 19 N
Suite, Apt. #, etc.

22 Suite #101-102
City & State

27 Suite #101-102
City & State

23 Clearwater, FL

28 Clearwater, FL

Zip Country

Zip Country

24 33761

25

29 33761

30

9. Name and Address of Current Registered Agent

MARICLE, M J
28469 US HIGHWAY 19 N
STE 402
CLEARWATER FL 34621-2564

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

28463 US 19 N.

83 Suite #101-102

84 City
Clearwater

85 Zip Code
FL 33761

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME STEWART, MICHAEL
STREET ADDRESS 28469 US HWY 19 N STE 402
CITY-ST-ZIP CLEARWATER FL

TITLE ST ☐ DELETE

NAME STEWART, L D
STREET ADDRESS 3677 WOODRIDGE PLACE
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 28463 US 19 N., Suite #101-102
1.4 CITY-ST-ZIP Clearwater, FL 33761

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 28463 US 19 N, Suite 101-102
2.4 CITY-ST-ZIP Clearwater, FL 33761

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

M D STEWART

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99

Date

727-726-9433

Daytime Phone #

CR2E034 (11/98)