


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000067012 (2)			
1. Corporation Name S.T. FINANCE COMPANY, INC.			
Principal Place of Business 1331 N. MILITARY TRAIL WEST PALM BEACH FL 33409		Mailing Address 1331 N. MILITARY TRAIL WEST PALM BEACH FL 33409-6016	
2. Principal Place of Business		2a. Mailing Address	
21 Suite Apt. # etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent STANZIANO, ROBERT T 1331 N. MILITARY TRAIL WEST PALM BEACH FL 33409		10. Name and Address of New Registered Agent	
		81 Name Michel Thonney	
		82 Street Address (P.O. Box Number is Not Acceptable) 1331 N. Military Tr	
		83	
		84 City West Palm Beach FL	
		85 Zip Code 33409	
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		DATE	
Signature typed or printed name of registered agent and if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST- ZIP		1.4 CITY-ST- ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST- ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST- ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST- ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST- ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		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:		Date	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E034 (9/96)