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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000090243 (4) DOCUMENT #

CRAIG R. STONE, P.A.

Principal Place of Business

7758 NW 44 ST SUNRISE FL 33351

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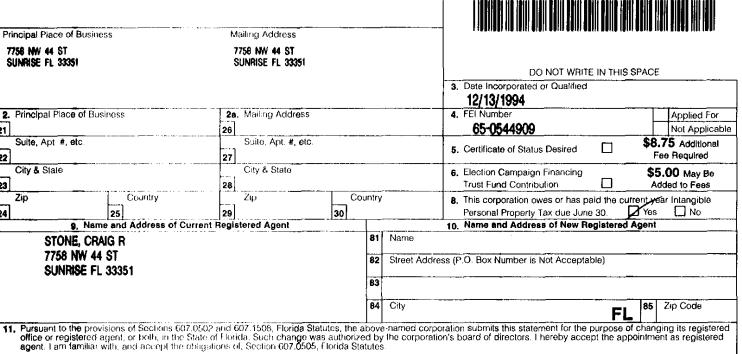
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Zip

CITY-ST-ZIP

FILED May 12 1998 8:00am Secretary of State



SIGNATURE Signature, typed or prested name of registered open and title if apple abor-(NOTE: Rogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE STONE, CRAIG R NAME 1.2 NAME 7758 NW 44 ST STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 14 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

In a content of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of or it is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an instee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in ith an address. 14. I hereby certify that the information subplied with this fit indicated on this armual replat or surplemental surfail officer or director of the comparation or the processor or to Block 12 or Block 13 if changed, or on an articlement.

C-TONE Dies