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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P940009 S.T.S. ENTERPRISES OF STUART, INC. P94000092188 (9)

FILED Mar 04 1998 8:00am Secretary of State



						I		
Principal Place of Business Mailing Address							igna iåna maal sibar il	101 1011 1541
1459 BW SEAHAWK WAY 1459 SW SEA			SEAHAWK WAY					
PALM CITY FI			PALM CITY FL 34990			İ		
						DO NOT WRITE IN	THIS SPACE	
						3. Date incorporated or Qualified 12/21/1994		
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	A	pplied For
21		26	26			65-0548310	N.	ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75	Additional
22		27	· • · · · · · · · · · · · · · · · · · ·			b. Certificate of Status Desired	Fee R	equired
City & State	9	City &	City & State			6. Election Campaign Financing		May Be
23		28				1100(1010 001121001011 1		to Fees
Zip	Country Zip			Country		8. This corporation owes or has paid		
24	25 29 30 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes S No 10. Name and Address of New Registered Agent			
	 	ent Hegistered A	jent .	81	Name	10. Name and Address of New Hegis	stered Agent	
	INNER, GARY			61	Ivallie			
	69 SW SEAHAWK WAY				Street Add	dress (P.O. Box Number is Not Acceptable))	
PAI	LM CITY FL 34990			83				
				83	1			
				84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
							FL T	
11. Pursuant t office or re agent. I as	lo the provisions of Sections 607.0t egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607,1508, te of Florida Such igations of, Section	. Florida Statute - change was a ∩ 607.0505, Flo	es, the abou authorized b orida Statute	e-named co y the corpori s.	rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of changing i he appointment as	is registered registered
SIGNATURE								
Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered A					ent signature req	-	DATE	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	CABAILD CADA D		DELETE	1.1 TITLE			☐ Change	Addition
NAME	SKINNER, GARY D 1459 SW SEA HAWK WAY			1.2 NAME				
STREET ADDRESS	PALM CITY FL				T ADDRESS			
CITY-ST-ZIP	FAUM CITT FL		DELETE	1.4 CITY-	ST-ZIP	······································	T I Changa	Addition
TITLE			☐ DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME		÷.	e i eg	
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			DELETE	2. 4 CITY-	ST-ZIP		Change	☐ Addition
TITLE			LJ DECETE	3.1 TITLE				
NAME				3.2 NAME				
STREET ADDRESS	•,			1	T ADDRESS			
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		Change	Addition
			0		.		C) Owner	ing required
NAME				4. 2 NAME				ļ
STREET ADORESS					T ADDRESS			•
CITY-ST-ZIP	<u> </u>		DELETE	4.4 C/TY-	ST-ZIP		Change	L_ Addition
TITLE				5.1 TITLE			□ ouguye	Last Rocinosi
NAME				5.2 NAME	i			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			DELETE	5 4 CiTY-	ST-ZIP		Change	Addition
TITLE			☐ VELETE	6.1 TITLE	l		L. Change	
NAME				6.2 NAME	- 1			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				6.4 CITY-	ST-ZIP			

14. Thereby 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.