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27 JUN 23 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 95000007496  
1. Corporation Name  
STONE LEVITAS & ASSOCIATES, INC.

Principal Place of Business Mailing Address  
840-A HWY 434 N.  
ALTAMONTE SPRINGS, FL 32714

3. Date Incorporated or Qualified 11/21/95  
3a. Date of Last Report 4/16/96

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number 59-3289060  
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State  
23 28

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

Zip Country Zip Country  
24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
STONE LEVITAS & ASSOCIATES, INC.  
840-A HWY 434 N.  
ALTAMONTE SPRINGS, FL 32714

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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] DATE 5/1/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DIRECTOR PRESIDENT [ ] DELETE  
STONE LEVITAS  
840-A HWY 434 N.  
ALTAMONTE SPRINGS, FL 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS 700002224277--3  
-06/26/97--01098--024  
1.4 CITY-ST-ZIP \*\*\*\*\*135.00 \*\*\*\*\*135.00  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS 700002224277--3  
-06/26/97--01098--025  
2.4 CITY-ST-ZIP \*\*\*\*\*30.00 \*\*\*\*\*30.00  
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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] PRESIDENT DATE 5/1/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #