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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P95000 (STEMS CORP.	0019269 (6)			
Principal Plac	e of Business	Mailing Address			
201 HILLOREST DR. SAFETY HARBOR FL 34695		201 HILLCREST DR. SAFETY HARBOR FL 34695		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
				03/08/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3299519	Not Applicable
Suite, Apt.	#, otc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	~	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29 30	<u> </u>		Yes X No
9. Name and Address of Current Registered Agent GEWANDTER, EDWARD E 15315 CARROLLTON LN			81 Name	10. Name and Address of New Registered	Agent
TAMPA FL 33624			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
17441 A 1 & 00024			83		
			84 City		85 Zip Code
				FL	
office or a agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accopt the obligation of together dependent of together dependent of the state of together dependent of together dependent of the state of together dependent of togethe	tan i tilk it applicable (NOTE: R	norized by the corporat a Statutes. constered Agent signature requirement 13.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint of the purpose of the statement for the purpose of	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	GEWANDTER, EDWARD E		1.2 NAME		
STREET ADDRESS	15315 CARROLLTON LN		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33624		1.4 CITY - ST - ZIP		
THTLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME PROFES ADDRESS	MOORE, DONALD E 201 HILLCREST DR.		2.2 NAME		
STREET ADDRESS	SAFETY HARBOR FL 34695		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	ON LIT INCIDON I C 04033	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME CTREET ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME .			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	4		5.4 CITY-ST-ZIP		
TITLE	i e e e e e e e e e e e e e e e e e e e	DELETE	A 1 TITLE		Change Addition

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.

6.2 NAME

63 STREET ADDRESS

FILED

Feb 27 1998 8:00am

Secretary of State