PROFIT CORPORATION / ANNUAL REPORT 1996		DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State HON OF CORPORATIONS		
OCUMENT # P9. Corporation Name STEWART CAPIT		ents, and		
ncipal Place of Business		SAME		
Principal Place of Business			3. Date Incorporated or Qualified MARCH (1994	3a. Date of Last Report. This is the Sust
18743 McGRATHCIR	AL 26 SAM		4. FEI Number	Applied For
Suite, Apt. #, etc	Suile, Apt #,		65.054783	
ity & State	27 Cib. 8 Com		5. Certificate of Status Desired	\$8.75 Additional Fee Required
ort charlotte, f	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
25 USA	Zip	Country	8. This corporation has liability for	- Added to rees
	29 Current Registered Agent	30	Florida Statutes Yes	Æ No
KAREN A. STE		81 Name	10. Name and Address of New R	egistered Agent
18943 Mc GA	•	B2 Street Add	ress (P.O. Box Number is Not Accepta	hha)
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the igent. I am familiar with, and accept the ATURE	e obligations of, Section 607.05	a Statutes, the above-named corporate was authorized by the corporate 505, Florida Statutes.	poration submits this statement for the took's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
Stgriature: typed or printed name of regis OFFICE	tered agent and the Happhcable RS AND DIRECTORS	(NOTE Registered Agent signature requirements) 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDE AND DIDE OF OR AND
PRESIDENT	DELE			Change Addition
ADDRESS KARIN STILL	•	1.2 NAME 1.3 STREET ADDRESS		
TOBTCHARLO	H1, FL 73948	14 CITY - ST - ZIP		
Vice Page	L] delē: Urrt	1 2		Change] Additio
	ATH CIRCLE	2 2 NAME 2 3 STHEFT ADDRESS		
PORT CHARL	otte ifi 33948	2.4 CITY-S1-ZIP		
	L] DELET			Change Ado-tion
DORESS		3.2 NAME 3.3 STREET ADDRESS		
ZIF		3 4 CITY - ST- ZIP		
	[_] DELET	1 ,		[Change] Addit-or
DRESS		4.2 NAME 4.3 STREET ADDRESS		
IP I		4 4 CITY - ST - ZIP		
	L_] DELETI	1		Change Addit on
DRESS		5.2 NAME 5.3 STREET ADDRESS		6
IP		5 4 CHY- ST- Z:P	90000100	id Takana
	L DELETE	5 11762		1413- Change Addition
DRESS		6.2 NAME 6.3 STREET ADDRESS	***200.00	- THE THE BOX
ZIP		64 CITY - ST - ZIP		
b hereby certify that the information sup her certify that the information indicate de under oath. that I am an officer or o			ly for the exemption stated in Section 1	19.07(3)(k), Florida Statutes I
ide under oath, that I am an officer or o Il my name appears in Block 12 or Block			to execute this report as required by (ii nave me same legal effect as if Criapter 607, Florida Statutes, and
NATURE: O	4 Steuris	f-	Danil a	1996 24(+766+0852
	ED OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR	MAKET 701	1770