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

Mailing Address

18943 MCGRATH CIRCLE

PORT CHARLOTTE FL 33948-9443

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business 18943 MCGRATH CIRCLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS.

CITY-ST-ZIP' .

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

☐ Change

Change

Addition

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021343 (5)

STEWART CAPITAL INVESTMENTS, INC.

PORT CHARLOTTE FL 33948 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0567830 DAME AS ABOUT 26 Not Applicable Same as above Suite, Apt. #, etc. Suite, Apt. #, etc **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country B. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEWART, KAREN NIA 18943 MCGRATH CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 PORT CHARLOTTE FL 33948 83 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 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 templiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4.16.97 SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13 DELETE Change Addition TITLE 1.1 TITLE STEWART, KAREN NAME 1.2 NAME 18943 MCGRATH CIR. STREET ADDRESS 1.3 STREET ADDRESS **PORT CHARLOTTE FL 33948** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE STEWART, MEARL NAME 2.2 NAME 18943 MCGRATH CIR. STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THL NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 111LE NAME 4 2 NAME

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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.

64 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - S1 - ZIP

4.4 CITY - \$1 - ZIP

51 TITLE

5.2 NAME

61 TITLE 6 2 NAME

DELETE

DELETE