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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058522 (0)

THE STAMPLES, INC.

FILED Feb 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
1818 DREW ST CLEARWATER FL 34625		1818 DREW ST CLEARWATER FL 34625-2916							
						3. Date Incorporated or Qualified 08/01/1995	3a. Date of 05/01/1		aport
-	ace of Business	2a, Mailing Add	dress			4. FEI Number 59-3335247			plied For t Applicable
Suite, Apt. 4	# etc.	Suite, Apt. #	#, etc.				× \$		Additional
2		27				5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees				
23 Ζιρ	Country	28		Country	,	Trust Fund Contribution 8. This corporation has liability for it	~~~;~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4	25	29	30				Yes N		183.032,
	g, Name and Address of Currer					10. Name and Address of New Re	istered Ager	ıt	
HUDS	SON, RICHARD A			81	Name				
1818 DREW ST				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
CLEA	NRWATER FL 34625			-					
				83					
				84	City		FL B	Zip (Code
SIGNATURE.						rporation submits this statement for the p ation's board of directors. I hereby accep		ignt do	registered
· · · · · · · · · · · · · · · · · · ·	Signature, typoid or printed name of registered agr OFFICERS AN	ent and title if applicable		13.	ant signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FDS AND DIE	ECTOR	S IN 12
12.	P			1.1 TITLE		ADDITIONS/OFFANGES TO OFFICE		Change	Additio
NAME	HUDSON, RICHARD A			1.2 NAME					
STREET ADDRESS	1436 STEWART BLVD			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			1.4 CiTY - 1	ST-ZIP				
THILE	ST	السا		2.1 TITLE			U	Change	Addition
NAME	HUDSON, DEBRA L			2.2 NAME					
	GLEARWATER FL		1		T ADDRESS				
TITLE	VP			2. 4 CITY- 3.1 TITLE	ST-ZIP			Change	Additio
NAME	BLASH, MARY ANN			3.2 NAME				-	
STREET ADDRESS	3024 LANDMARK BLVD #603			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL			3,4. CITY -	ST-ZIP				
TITLE	VP		DEL.ETE	4.1 TITLE			U	Change	Additio
NAME	GLASS, BARBARA J	ousB		4. 2 NAME					
STREET ADDRESS	2673 SABAL SPRINGS CIR #2 CLEARWATER FL	2000		4.4 CITY	T ADDRESS				
CITY-ST-ZIP TITLE	A the state of the		DELÉTE	5.1 TITLE	U1 - E11			Change	Additio
NAME				5.2 NAME					
STREET ADDRESS			Į	5.3 STREE	T ADDRESS				
CITY-ST-ZIP	, 1884 W. Alex C. 1 1 2 A			5.4 CITY-	ST-ZIP			0	
TITLE		L	DELETE	6.1 TITLE			L	Change	Addili Addili
NAME				6.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	and the information and in	ad with this filips does	o not a vality for	6.4 CITY		ed in Section 119 07(3)(i) Floride Statute	e I further cer	tify that	the

I do hereby 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.

OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

813 - 539 - 1002 Daytime Phone *