## 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 # P95000065819 (1) STONE KEY, INC. Principal Place of Business Mailing Address 1922 NE 148 ST 1922 NE 148 ST N MIAMI FL 33181 N MIAMI FL 33181-1137 3. Date Incorporated or Qualified 3a. Date of Last Report 08/24/1995 04/04/1996 4 FEI Number 2. Principal Frace of Business 2a. Mailing Address Applied For 65-0613152 26 Not Applicable 21 Suite: Apl. # etc. Suite, Apt. #, etc. \$8.75 Additional П 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MDELAND & RUSSIN PA 200 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2420** 83 **MIAMI FL 33131** City **B4** 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. Simplifyer type first productions on the gistered agent and title a applicable (NO\*E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition 70115 1.1 TITLE MITTLEMAN, ROBERT B NAME 1.2 NAME CR2E034 1455 NE 121 ST 1.3 STREET ADDRESS STELL ADDRESS NO MIAMI FL 33181 CHY-51 ZIE 1.4 CITY - ST- ZIP DELETE Change Addition 1:11.6 21 TITLE CORENBLUM, STUART 22 NAME NAME 12785 MAPLE ROAD 23 STREET ADDRESS STREET ADDRESS NO MIAMI FL 33181 CITY - \$1 - 7/P 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACORESS COTY-S1-ZIP 3.4. CITY - ST-ZIP DELETE Channe Addition 1111.5 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY - \$1 - 261 DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ACCIDENCES 5.3 STREET ADDRESS CITY-ST 2H 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THUE 62 NAME HAME STREET ADDPESS 6.3 STREET ADDRESS

14. 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

SIGNATURE:

appears in Block 12 or Block 13 if change

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR
ROBERT HITTLEHAN PRESIDENT

attached int with an address

Date:

Daytime Phone #

FILED

Mar 28 1997 8:00am

Secretary of State

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