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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066700 (2)

STILLWATER GROUP, INC.

								<u> </u>	i i i i i i i i i i i i i i i i i i i 	
Principal Place of Business Mailing Address								1 (Amiliam lin daine miere maier maier daire	EBOTE BITCH BILLI FRAIF	
833 S TAMIAMI TRAIL				333 S TAMIAMI TRAIL						
SUITE \$68			-	SUITE 368						
VENICE FL 34285			٧	VENICE FL 34285-2442				3. Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For		
21				26				65-0623149 Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22				27				Or Servings of States Seemed	Fe	e Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23				[28]				Trust Fund Contribution Added to Fees		
Zip	Country			Zip Country			1	8. This corporation has liability for intangible tax under s. 199.032,		
24	9, Name and Address of Current I			latered Acent	and Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
1/01/			aur wað	listered Agent		81	I Name	10. Name and Address of New Ne	istered Agent	
KOWIT, GLEN S						Name				
333 S TAMIAMI TRAIL SUITE 368 VENICE FL 34285						82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
						83				
						03				
						84	,			Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								oration submits this statement for the pion's board of directors. I hereby accep	urpose of changii the appointmen	ng its registered t as registered
	III (a irmhai w	in, and accept the ob-	igations	or, section our.	usos, Fiorida sia	iole;	5.			
SIGNATURE	Signature, typed	or printed name of registered a	igent and t	ite if applicable	(NO1) Registere	d Age	ent signature requir	ed when reinstating)	DATE	
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	D			DELETE 1.1 TI					☐ Char	nge Addition
NAME KOWIT, GLENN S STREET ADDRESS 333 S TAMIAMI TRAIL SUITE 36										
			368				T ADDRESS			
CITY-ST-ZIP	ZIP VENICE FL 34285						ST - Z IP			
TITLE				☐ DE						nge 🔲 Addition
NAME						AME				
STREET ADDRESS	STREET ADDRESS				2.3 STHEET ADDRESS		F ADDRESS			
CITY-ST-ZIP				2. 4 CITY - ST - ZIP			ST-ZIP			
TITLE				□ DI	· · · · · · · · · · · · · · · · · · ·				☐ Char	nge 🔲 Addition
NAME				3.2 N						
STREET ADDRESS				3.3 STREE			T ADDRESS			
CITY-ST-ZIP	ZIP			3.4. CRY			S1-7IP			ļ
TITLE				☐ DE	LETE 4.1 II	TLE			Chai	nge 🔲 Addition
NAME				4. 2 NAME						
STREET ADDRESS					4.3 STREET ADDRESS		T ADDRESS			
CITY-ST-ZIP					4.4 C	BY- 9	ST-ZIP			
TITLE				☐ DE					☐ Chai	nge 🔲 Addition
NAME					5.2 N	AME				
STREET ADDRESS					5.8 S	TREE	T ADDRESS			.
CITY-ST-ZIP					5.4 C	(TY - 5	ST-ZIP]
TITLE				DĒ					☐ Chai	nge 🔲 Addition
NAME					6.2 N	AM:E				
STREET ADDRESS					6.3 \$	TREE	T ADDRESS			İ

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.