SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000068135 (9)

STUART FINANCE CO.

Principal Place of Business

Mailing Address

FILED 96 SEP 11 AM 10: 31

SECRETARY OF STATE

3801 SOUTH FEDERAL HIGHWAY 3801 SOUTH FEDERAL HIGHWAY STUART FL 34997 STUART FL 34997					
				3. Date incorporated or Qualified 09/05/1995	3a. Date of Last Report
2. Principal Pla	ace of Business 7 SE Federal Hw	2a. Mailing Address 1 26 2755 S.E.	Federal Hw	4. FEI Number	Applied For ✓ Not Applicable
Suite, Apt #		Suite, Apt #, etc.	764	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	+ FL	City & Stale 28 Stuart F	L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4 3499	Country 4 25 USA		Country O USA	8. This corporation has liability for Florida Statutes	Yes 🔀 No
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
BO1	ros, Michael e				
1900 PHILLIPS POINT WEST			82 Street Address (P.O. Box Number is Not Acceptable)		
	SOUTH FLAGLER DRIVE		83		
WES	ST Palm Be ach FL 33401-6198	i			[es 7 :: Code
			84 City		FL 85 Zip Gode
SIGNATURE .	In familiar with and accept the obligation of the special production of the parent age.	diand the diapplication (NOTE)	Frigstered Agent signature régar		OATE
12.	OFFICERS ANS	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	OUAMBEOLAINI WILLIAM A	T) DETERE	1 1 TITLE 1.2 NAME		
NAME	CHAMBERLAIN, WILLIAM A 3801 SOUTH FEDERAL HIGH	AIAV	1.3 STREET ADDRESS 24	445 S.E. Federal	Hwy.
STREET ADDRESS	STUART FL 34997	ITAI	1.4 CITY - ST - ZIP	. (3	34994
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NAME		—	22 NAME	ranti	001955190
STREET ADORESS			2.3 STREET ADDRESS	-09/24/	001955130 9601137010
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NAME		L amend	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.C+TY+ST ZIP		
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TITLE NAME		Beer,	62 NAME	Po VV	· · ·
STREET ADDRESS			6.3 STREET ADDRESS	⟨ イ ク \	
CITY ST. ZIP			64 CITY - ST - ZIP	\mathcal{V}	
14. I do herek	rtify that the information indicated on der oath, that I am an officer or directi	this annual report or supplement or of the corporation or the receive	ished and does not qua tal annual report is true ver or trustee empowere	illy for the exemption stated in Section and accurate and that my signature shid to execute this report as required by	
that my na	ame appears in Block 13	fichanged, or on an attachment	with a address		561 288 1999
SIGNAT	UHE: //	COUNTED NAME OF SIGNING DESICES O	e DIRECTOR		Dayon e Prome #