

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072620 (4)

1. Corporation Name
STALHEBER CORP.



Principal Place of Business

505 BEACHLAND BLVD.
VERO BEACH FL 32963

Mailing Address

505 BEACHLAND BLVD.
VERO BEACH FL 32963-1710

3. Date Incorporated or Qualified
09/18/1995

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
65-0620294

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

STALHEBER, JOHN J SR.
505 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

STALHEBER JOHN J. SR.

82 Street Address (P.O. Box Number is Not Acceptable)

470 PERCH LAKE

83

84 City

SEBASTIAN

FL

85 Zip Code

32958

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.

SIGNATURE

[Signature]

JOHN J. STALHEBER

4-21-97

Signature of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
1.2 NAME STALHEBER, JOHN J SR.
1.3 STREET ADDRESS 505 BEACHLAND BLVD.
1.4 CITY-ST-ZIP VERO BEACH FL 32963

2.1 TITLE ☒ DELETE
2.2 NAME STALHEBER, JOSEPH WALTER
2.3 STREET ADDRESS 608 ALBATROSS TERR
2.4 CITY-ST-ZIP SEBASTIAN FL

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME STALHEBER JOHN J SR.
1.3 STREET ADDRESS 470 PERCH LAKE
1.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. STALHEBER

4-21-97

561-231-9855

Date

Daytime Phone #

CR2E034 (9/96)