

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

FILED

Apr 29 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 # P95000075793 (6)

1. Corporation Name

STAMP, KORNREICH & O'BRIEN, INC.

Principal Place of Business

2078 ENVOY COURT  
CLEARWATER FL 34624

Mailing Address

2078 ENVOY COURT  
CLEARWATER FL 34624-2560



3. Date Incorporated or Qualified  
10/02/1995

3a. Date of Last Report  
09/23/1996

4. FEI Number

59-3338934

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



2. Principal Place of Business

21 11021 126th Avenue N

Suite, Apt. #, etc.

22 Unit #A

City & State

23 Largo, FL

Zip

24 33778

Country

25 U.S.

2a. Mailing Address

26 11021 126th Avenue N

Suite, Apt. #, etc.

27 Unit #A

City & State

28 Largo, FL

Zip

29 33778

Country

30 U.S.

9. Name and Address of Current Registered Agent

KORNREICH, ROBERT J  
2078 ENVOY COURT  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

11021 126th Avenue N

83

Unit #A

84 City

Largo

FL

85 Zip Code

33778

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

*Robert J. Kornreich*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME STAMP, RANDALL  
STREET ADDRESS 2078 ENVOY COURT  
CITY- ST- ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

D  
NAME KORNREICH, ROBERT J  
STREET ADDRESS 2078 ENVOY COURT  
CITY- ST- ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

D  
NAME O'BRIEN, MARTIN  
STREET ADDRESS 2078 ENVOY COURT  
CITY- ST- ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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

000002161370

-05/01/97--01016--025

\*\*\*173.75

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:

*Robert J. Kornreich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert J. Kornreich* 4/22/97 813-933-6571  
Date Daytime Phone #

CR2E034 (9/96)