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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078491 (4)

FILED Feb 11 1998 8:00am Secretary of State

STU/	ART PROPERTIES, INC.	Mailing Address 49 S.W. FLAGLER AVE. STE 202 STUART FL 34994		DO NOT WRITE IN TH 3. Date Incorporated or Qualified 10/09/1995	
2. Principa 21	al Place of Business	2a. Mailing Address		4. FEI Number 65-0619560	Applied For
Suite, A	pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Oity 8 C	Nata.	27		b. Certificate of Status Desired	Fee Required
City & S 23	nate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curr DUERR, JOSEPH D	rent Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
49 S.W. FLAGLER AVE. STE 202 STUART FL 34994				iress (P.O. Box Number is Not Acceptable)	95 Zip Code
11. Pursua office o agent. SIGNATUR			es, the above-named corp authorized by the corporal orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELET e	1.1 FITLE		☐ Change ☐ Addition
NAME	DUERR, JOSEPH D	*****	1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-7IP		
TITLE	STD GILLIES, CLARK	☐ DELETE	2.1 TITLE		L Change Addition
NAME	OF STONIVINGE OF		2.2 NAME		
STREET ADDRES	DIX HILLS NY 11746		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		
STREET ADDRES	s		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADORES	s		4.3 STREE1 ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP		
TITLE		DELET é	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	S		5.3 STREET ADDRESS		
CITY-ST-ZIP		I DICETE	5.4 CITY-ST-7IP		
TITLE		DELETE	61 THLE		Change Addition
NAME OTREET ADDRESS	r		6.2 NAME		
STREET ADDRESS	°		6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i) Florida Stalutes Liturther	cortify that the information

14. I hereby certify that the information supplied with this filling 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 arrival 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.

CIONATURE.

12/2/00