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 # P95000094423 (7)

STOL INCORPORATED

Principal	Place	of	Business
-----------	-------	----	----------

Mailing Address

FILED May 01 1998 8:00am Secretary of State



619 EXECUTIVE WINTER PARK				PO BOX 182061 CASSELBERRY FL 32718-2081 US					DO NOT WRIT		SPACE			
										12/13/1995				
2. Principal Pla	ace of Bus	rness		2a. M	ailing Address					4. FEI Number		TA	oplied For	
21 436	65	R 42	7	26	<u>-</u>					59-3349092		N.	ot Applicable	
Sulte, Apt. 4			•	27 Si	Suite, Apt. #, etc.					5, Certificate of Status Desired			Additional equired	
City & State					City & State					8. Election Campaign Financing				
23 SGNF	ord			28	<u> </u>				Trust Fund Contribution Added to Fees					
一 ^{Zip} っ つ	72	Country		+─	Zip Country				8. This corporation owes or has paid the current year Intangible					
24 32 /	A Name		TINO 14		29 30 Personal Property Tax due June 30.					_l No				
4.400			38 OI CUITOI	riogistoi	ou Agont		B1	Name		10, replie and Addition of Atom 1	ogioto ca	- igom		
	EXECUTI													
619 EXECUTIVE DRIVE WINTER PARK FL 32789						62	82 Street Address (P.O. Box Number is Not Acceptable)							
, , , , , , , , , , , , , , , , , , , 							83							
100	-						84	City			FL	85 Zip	Code	
44 Duramont t	o the provi	nions of Cont	ions 607 050	2 and 607	1609 Etorida Sta	tules the	ahow.	named	corpor	ration submits this statement for the		changing i	ts registered	
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. Thereby accept the appointment as registered agent. Lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE														
SIGNATURE	Signature type		of registered agr	n <i>lik</i> y ni and title il aj	pplicable (f	NOTE Registe	red Age	ent signature	required	when reinstating)	22 <u>–</u>	18		
12.		0	FFICERS AN	DIRECTO		13				ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	D				DELETE	1.1	TITLE					Change	☐ Addition	
NAME		JAMES E					NAME		כו	529 Tail S	PIN	Tr		
STREET ADDRESS		VON STREE						ADDRESS)	\ \frac{1}{2}	529 Tails	12/	20	211	
CITY-ST-ZIP	PURI	DRANGE FL	. 3212/		DELETE		CITY-S TITLE	it-zip/	<u></u>	ey roway Ber	7 / 2	Change	Addition	
TITLE							NAME					Creange		
NAME STREET ADDRESS								ADDBECC						
CITY-ST-ZIP					2.3 STREET ADDRESS 2.4 CITY - ST - ZIP				•					
TITLE					DELETE		TITLE	01 211				☐ Change	☐ Addition	
NAME						3.2	NAME							
STREET ADDRESS						3.3	STREET	ADDRESS						
CITY-ST-ZIP						3.4.	CITY -	ST-ZIP						
TITLE					DELETE	4.1	TITLE					☐ Change	☐ Addition	
NAME						4. 2	NAME		i					
STREET ADDRESS						4.3	STREET	ADDRESS					ŀ	
CITY-ST-ZIP							CITY - S	ST-ZIP				F1 &	171 3356	
TITLE					☐ DELETE		TITLE		-			Change	Addition	
NAME							NAME							
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP				 	DELETE		CITY-S	51 - ZIP	 			Change	Addition	
TITLE					L. DECLIC							- Silenige	/ (OURION)	
NAME							NAME expect	. YDDDCCC						
STREET ADDRESS						•		ADDRESS						
CITY-ST-ZIP	ertify that t	he informatio	n supplied w	ith this filin	g does not qualit	y for the e	city-s xemp	tion state	ed in Se	ection 119.07(3)(i), Florida Statutes.	I further ce	rtify that the	e information	
indicated of officer or of	on this and dir ec tor of t	nual report or the corporati	supplementa on or the rec	al annual re eiver or tru:	eport is true and a	accurate a	nd th	at my sig	mature	shall have the same legal effect as ed by Chapter 607, Florida Statute:	if made un	der oath; th	iat I am an	