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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State, - 😅 DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90037 002 ***150.00

1999	GO WE THE	DIVISION OF CORFORATIONS	
DOCUMENT # P950	000097475	\vee	
STPF, INC.			
*			
Principal Place of Business	Mailin	g Address	
J55 So. FEDERAL HWY, #35	0 55	6 Su. FERERAL Huy., #350	

Principal Place of Business Mailing Address								
555 So. FEDERA Huy, #350 556 So. FEDERA Huy., #350								
BOCA RATON, FLORIDA 33432 BOCA RATON, FLORIDA 33432			DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualifed					
						12/21/95		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21 4940 So. OCEAN BOULEVARD 26 4940 So. OCEAN I		1 BOUL	BOULEVARD		65-0621420 Not Applicable			
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22 604	60427_604				5. Cerucate of Status Besired Fee Required			
City & State	e 📆	City & State				6. Election Campaign Financing \$5.00 May Be		
23 HIAHL	AND BEACH, FLORIDA Country	H. FLORIDA 28 HIGHLAND BEACH, FLORIDA			DA_	Trust Fund Contribution Added to Fees		
		Zip		untry		8. This corporation owes the current year Intangible		
24 3348	./	29 33481	30	<u>V-5</u>	· A ·	Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		-		10. Name and Address of New Registered Agent		
1	- < 10			81	Name	CHARLES SHANG		
	B SHANE			82 Street Address (P.O. Box Number is Not Acceptable)				
555	SOUTH FEDERAL HIGHWA	41		Ш	4140 SOUTH COUTH BOW SWARD			
#350		7		83	H	#604		
_				84	City	85 Zin Code		
BOCA	BATON, FLORIDA 33432				, £	BUCA KATON FL 33487		
44. 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	MADIES SHANE POUS NO	wer Clar	0_	$\mathcal{A}\ell$	هو	2 04/01/99		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatury)								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR PRESIDENT /TREASURE	TR. LYDELETE	1.1 ∏	TLE		PRESIDENT / DIRECTOR Change Addition		
NAME TAYMUS P. KING		1.2 N			CHARLES SHANE			
STREET ADDRESS 4580 NW 24TH WAY		1.3 S						
CITY-ST-ZIP BOCA RATON, FLORIDA 33432			1.4 C	CITY-ST-ZIP HIGHLAND BEACH, FLORIDA 33487 TITLE 1166 PRESIDENT / SECTY - TREAS / DIRECTOR Change [X] Addi				
TITLE	DIRECTOR/VILLE PRESIDENT/SEER	PATARY DELETE	2.1 ↑	ITLE		TIBE PRESIDENT / SECTY - TREAS / DIRECTOR Change Addition		
NAME	NINDY MILES		2.2 N	2.2 NAME MARY :		MAW SHANE		
STREET ADDRESS	EET ADDRESS 4580 NW 24 THWAY		2.3 S	23 STREET ADDRESS 41		\$ 4740 50.000 AN BLVD, #604		
-CITY-ST-ZIP	BOCA PATON, FLORIDO - 3	3432	2.40	Z-YTK	T-ZIP	HIGHLAND BEACH, FLORIDA 33487		
TITLE		☐ DELETÉ	3.1 T	TLE		☐ Change ☐ Addition		
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP			3.4. 0	ПY-\$	T-ZIP			
TITLE		☐ DELETE	4.1 T	TLE		Change Addition		
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP			4.4 C	ITY-SI	-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition		
NAME			5.2 N	AME				
STREET ADDRESS		,	5.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP		_	5.4 C	ITY-ST	-ZIP			
TITLE		☐ DELETE	6.1 T	TLE		☐ Change ☐ Addition		
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	ADDRESS	s		
CITY-ST-ZIP			6.4 C	ITY-ST	-ZIP			
	·							

14. I 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, with all other like empowered.

HED NAME OF SIGNING OFFICER OR DIRECTOR

(561)447-6633