

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 25 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000901 (4)

1. Corporation Name

STONES RIVER PLACE, INC.

Principal Place of Business

899 WEST CYPRESS CREEK ROAD
SUITE 812
FORT LAUDERDALE FL 33309

Mailing Address

899 WEST CYPRESS CREEK ROAD
SUITE 812
FORT LAUDERDALE FL 33309-2065

3. Date Incorporated or Qualified
01/03/1996

3a. Date of Last Report

4. FEI Number
65-0641481

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1600 GOLF RD.
Suite, Apt #, etc.

22 SUITE 750
City & State

23 ROLLING MEADOWS, IL
Zip Country

24 60008

Country

2a. Mailing Address

26 1600 GOLF RD.
Suite, Apt #, etc.

27 SUITE 750
City & State

28 ROLLING MEADOWS, IL
Zip Country

29 60008

Country

9. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

81 Name

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

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D STARNES, BOB
STREET ADDRESS 899 WEST CYPRESS CREEK ROAD, SUITE 812
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

800002225548-5
06/27/97-0115-020
***165.00 ***165.00

CR2E034 (9/96)