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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

ST INT	ERNATIONAL, INC.	0000921 (2	)		
Principal Place of Business Mailing Address					
1475 W CYPRESS CREEK RD		1475 W CYPRESS CREEK RD			
#204 FT LAUDERDALE FL 33309		#204 FT LAUDERDALE FL 33309		DO NOT WRITE IN THI	S SPACE
US		US		3. Date Incorporated or Qualified 01/04/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0632215	Not Applicable
Suite, Ap1 #, etc		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		[27]		5. Certificate of Otatios Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	• 25	29	30	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	vurrent year Intangible ¥⅓ Yes □ No
[24]	9. Name and Address of Currer		1301	10. Name and Address of New Registere	<del>-</del>
KA	HN; ROBERT B		81 Name	N THIRER	
9621 WSAMPLE ROAD			82 Street Add	ITEREK Iress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33071			1475	W. Cypress Creek Road	
			83 Suite	204	
			84 City		85 Zip Code
			l l Ft. L	auderdale, F	L 85 Zip Code 333309
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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	Meader Thees			<i>l</i>	16/18
12.	Signature, typind or printed name of registered no OF FICERS AN	ord and title if applicable (N D DIRECTORS	OTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	11 TITLE		Change Addition
NAME	CLARKSON, THOMAS		1.2 NAME		
STREET ADDRESS	5045 NW 83RD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRGS FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change 🔲 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		ן טנננונ	3.1 TITLE		THE CHANGE THE VOCALIDATE
NAME STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Obsess     14439
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	O Control Clark	

SIGNATURE: Thomas Clarkson

homas (Carlan-

(954) 772-7878

**FILED** 

Feb 26 1998 8:00am

Secretary of State