


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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000001357 (8)			
1. Corporation Name STVERD, INC.			
Principal Place of Business 906 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34983		Mailing Address 906 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34983-1804	



2. Principal Place of Business 21 932 SW Bayshore Blvd Suite, Apt. #, etc.		2a. Mailing Address 27 932 SW Bayshore Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/29/1995		3a. Date of Last Report 07/15/1996	
22 City & State Port St Lucie FL		27 City & State Port St Lucie FL		4. FEI Number 65-0629542		Applied For <input type="checkbox"/> Not Applicable	
23 Zip 34983		28 Zip 34983		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country ST Lucie		29 Country ST Lucie		30 ST Lucie		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EDGE, JOSEPH 932 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34983				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	EDGE, JOSEPH	1.2 NAME	Edge Joseph
STREET ADDRESS	906 SW BAYSHORE BLVD.	1.3 STREET ADDRESS	932 SW BAYSHORE BLVD
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE		2.1 TITLE	UP
NAME		2.2 NAME	APRIL L. Nounhaus
STREET ADDRESS		2.3 STREET ADDRESS	932 SW BAYSHORE BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:  **SIGNATURE REQUIRED** 4/2/97 561-879-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)