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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000008159 (1)

STOYONOVICH ENTERPRISES, INC.

FILED Jan 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					I IDDIIFO: IFO IDIES OFILI SOLLI ORILI ODII	1 4 8 111 4 616 1 7 8141	11881 81118	1811-1881	
7001 S.W. 21 1 DAVIE FL 3331			2882 WATERFORD DR., NORTH DEERFIELD BEACH FL 33442-5965						
				- A410711000		Last Report			
2. Principal (1)	ace of Business	2a. Mailing Address		-1	4. FEI Number		_	olied For	
ii	ame	26 7001 S	W2	1 Place	65-0641293	•	Not	Applicable	
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A		
City & State	<u> </u>	City & State			• 51			·	
23	•	28 DAVIC	2100	HOA	Election Campaign Financing Trust Fund Contribution		5.00 ! Added to		
Zip	Country	Zip	Countr	у	8. This corporation has liability for i				
24	25	29 33314	30 80	SUAMO	Florida Statutes]Yes ☐ No	o		
	g. Name and Address of Cur	rent Registered Agent		7	10. Name and Address of New Re	gistered Ager	nt		
STO	YONOVICH, JAMES		8	Name					
2882 WATERFORD DR., NORTH				Street Addr	ess (P.O. Box Number is Not Acceptable)				
DEE							**********		
			8	9]					
			84	City		- 8	Zip C	ode	
		_ <u>.</u>		1,		FL "			
SIGNATURE	Signature typica or princed racic of registered		TE: Rogistered A	gent signature requir	red when reinstating)	DATE			
12.		AND DIRECTORS	13.	7	ADDITIONS/CHANGES TO OFFIC				
TITLE	PVST	DELETE	1.1 TITLE	· ·			Change	Additio	
NAME	STOYONOVICH, JAMES		1.2 NAME						
STREET ADDRESS	2882 WATERFORD DR., NO		1	T ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 334	42 DELETE	1.4 CrTY- 2.1 Trifle				Change	Addition	
TITLE	D CTOVONOVACH IAMES	F") Dereit				لسة	Change	L. Addition	
NAME	STOYONOVICH, JAMES 2882 WATERFORD DR., NO	ИТО	2.2 NAME						
STREET ADDRESS	DEERFIELD BEACH FL 334			ET ADDRESS					
CITY-SI-ZIP TITLE	DECULICLE DEACH IL 334	DELETE	2 4 CITY 31 TITLE	• • • • • • • • • • • • • • • • • • • •			Change	Additio	
NAME		End becare	3.2 NAME			فببا	onange		
STREET ADDRESS				ET ADDRESS					
City-St-Zip			3.4. CITY						
TITLE		DELETE	4.1 TITLE				Change	Additio	
NAME			4. 2 NAM	E }			•		
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP			4.4 CITY	·ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Additio	
NAME			5.2 NAMI	.					
STREET ADORESS			5.3 STRE	ET AODRESS					
CITY-ST-ZIP			5.4 CITY	i					
TITLE		DELETE	6.1 TITLE				Change	Additio	
NAME			6.2 NAM	:					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP			6.4 CHY						

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.