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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #96000028963

1. Corporation Name ALAN M. STEWART, INC.

Principal Place of Business

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90046 008 ***150.00



Mailing Address RIVERGENIO BLVD 832 RIVERBEND BLVD. ---- FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/28/1996 4. FEI Number Applied For 2. Principal Place of Busines 2a. Mailing Address 59-3373856 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 28 Country Zip 8. This corporation owes the current year Intangible Country □No ☐ Yes 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STEWART, ALAN M 82 Street Address (P.O. Box Number is Not Acceptable) 832 RIVERBEND BLVD. LONGWOOD FL 32779 83 84 Zip Code City 85 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 DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE Change 1.1 TITLE TITLE STÉWART, ALAN M 1.2 NAME NAME STREET ADDR**882 RIVERBEND BLVD.** 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 14 CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 oppose attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-719

CR2E034 (11/98)