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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600041027

STAG DEVELOPMENT COMPANY

FILED
May 03, 1999 8:00 am
Way 05, 1777 0:00 am
Secretary of State
05-03-1999 90081 031 ***150.00



Principal Place	e or business	Mailing Address				1			
724 GREEN RD NEW SMYRNA BCH FL 32168		724 GREEN RD NEW SMYRNA BCH FL 32168			DO NOT WE	RITE IN THIS	SPACE		
US		US							
						3. Date Incorporated or Qualifed	,		J
						05/07/1996			
Principal Pl	lace of Business	2a. Mailing Addres	s			4. FEI Number		\Box	Applied For
21		26				59-3383015			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.					\$8.7	5 Additional
22	·	27				5. Certificate of Status Desired		Fee	Required
City & State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
— ·	-	28				Trust Fund Contribution			ed to Fees
23 J	Country	Zip	Co	ountry					2 10 1 000
Zip	´	<u> </u>		ountry		8. This corporation owes the cu	rrent year inte	∐ Yes	□No
24	25	29	30			Personal Property Tax.	Benietered (L2140
	9. Name and Address of Current	Registered Agent		94		10. Name and Address of New	Registered /	Agent	
				81	Name				1
	reano, Joseph			82	Street Ad	dress (P.O. Box Number is Not Accep	table)		
724 (green RD			02	Oli CCC / IC	diess (r.e. box rambor to recriseop	,		
NEW	SMYRNA BCH FL 32168			83		14.41			
				84	City			85 Z	ip Code
							<u>FL</u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the	above-ı	named co	rporation submits this statement for the	e purpose of	changing	its registered
office or re	egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida. Such change	was authorize	ea by in	ie corpora	ttion's board of directors. I hereby acce	abi me appon	ument as	registered
			05. Florida Sta	atutes.					
-	m tamiliar with, and accept the obligati	ons or, Section 607.03	05, Florida Sta	atutes.					
SIGNATURE				atutes.	innature requi	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	atutes. red Agent s	signature requi	ired when reinstating)		D DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Register	atutes. red Agent s	signature requi	ired when reinstating) ADDITIONS/CHANGES TO O			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: