

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

FILED

May 21 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 # P96000043312 (3)

1. Corporation Name  
STUFF BY NET CORP.



Principal Place of Business  
115 BREAKERS COURT  
PUNTA GORDA FL 33950

Mailing Address  
115 BREAKERS COURT  
PUNTA GORDA FL 33950-5300

3. Date Incorporated or Qualified 05/21/1996	3a. Date of Last Report
4. FEI Number 04-333 9582	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FULWILER, STANLEY S  
115 BREAKERS COURT  
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name ALAN RIFKIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 115 BREAKERS COURT  
PUNTA GORDA, FL 33950  
84 City GRANBY MA FL 85 Zip Code 01075

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/20/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	FULWILER, STANLEY S	
STREET ADDRESS	115 BREAKERS COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	DELETE <input type="checkbox"/>
NAME	MARY FULWILER	
STREET ADDRESS	115 BREAKERS COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PRESIDENT	DELETE <input type="checkbox"/>
NAME	RIFKIN, ALAN	
STREET ADDRESS	PO BOX 10	
CITY-ST-ZIP	50 GRANBY MA 01075	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	DIRWEN FULWILER, MARY
2.3 STREET ADDRESS	115 BREAKERS COURT
2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	PRESIDENT RIFKIN, ALAN
3.3 STREET ADDRESS	77 W. STATE STREET
3.4 CITY-ST-ZIP	GRANBY MA 01075
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	\$165.00 Bank
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] DATE 4/20/97 UIC-462-3377

CR2E034 (9/96)