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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000044980**

1. Corporation Name

STENTOR CORP.

Principal Place of Business	Mailing Address
312 NE 17TH AVE FT LAUDERDALE FL 33301 US	312 NE 17TH AVE FT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0679057**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENGEL, CRAIG D CPA 312 NE 17TH AVE FT LAUDERDALE FL 33301	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DVP ☒DELETE	1.1 TITLE	☐Change ☐Addition
NAME FRIEDEL, JONATHAN R	1.2 NAME	
STREET ADDRESS 312 NE 17TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE D ☒DELETE	2.1 TITLE President/Director	☐Change ☒Addition
NAME DONWORTH, RICHARD	2.2 NAME Gerald O'Keefe	
STREET ADDRESS 312 NE 17TH AVE	2.3 STREET ADDRESS 312 NE 17th Ave	
CITY-ST-ZIP FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP Ft. Lauderdale, Fl 33301	
TITLE DP ☒DELETE	3.1 TITLE VP/Director	☐Change ☒Addition
NAME O'NEILL, DAN	3.2 NAME Malachy Henkin	
STREET ADDRESS 312 NE 17TH AVE	3.3 STREET ADDRESS 312 NE 17th Ave	
CITY-ST-ZIP FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33301	
TITLE DVP ☒DELETE	4.1 TITLE Secretary/Treasurer/Director	☐Change ☒Addition
NAME O'BRIAN PATRICK CRUISE	4.2 NAME Paul O'Brien Brien	
STREET ADDRESS 312 NE 17TH AVE	4.3 STREET ADDRESS 312 NE 17th Avenue	
CITY-ST-ZIP FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP Ft. Lauderdale FL 33301	
TITLE VPD ☒DELETE	5.1 TITLE	☐Change ☐Addition
NAME DUNPHY, TOM	5.2 NAME	
STREET ADDRESS 312 NE 17TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	
TITLE VP ☒DELETE	6.1 TITLE	☐Change ☐Addition
NAME ZIEGLER, S HARVEY	6.2 NAME	
STREET ADDRESS 370 MINORCA #21	6.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL	6.4 CITY-ST-ZIP	

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: _____ Secretary/Treasurer 12 Jan 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)