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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057792 (9)

STEBILLA ENTERPRISES INC.

Mailing Address Principal Place of Business 1707 INDUSTRIAL AVE 1707 INDUSTRIAL AVE **EDGEWATER FL 32132 EDGEWATER FL \$2132** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3399012 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 30 24 29 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name STEBILLA, LINDA 1707 INDUSTRIAL AVE Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32132** 83 Zip Code 84 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 apphoable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change DELETE 11 TITLE TITLE STEBILLA, STEPHEN S 1.2 NAME NAME 2929 TAMIRIND DRIVE 1.3 STREET ADDRESS STREET ADDRESS **EDGEWATER FL** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE STEBILLA, MICHAEL J NAME 2.2 NAME 2909 UMBERALLA TREE DR. STREET ADDRESS 2.3 STREET ADDRESS **EDGEWATER FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

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1-12-98 904-428-7977

FILED

Jan 28 1998 8:00am

Secretary of State

CR2E034 (10/97)