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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059561 (6)

STEAD ENTERPRISES, INC.

Principal Place of Business 45 VISTA DEL RIO DR

Mailing Address

45 VISTA DEL RIÓ DR

FILED Apr 08 1997 8:00am Secretary of State



BOYNTON BEACH FL 33426		BOYNTON BEACH FL 33426-8825							
						3. Date Incorporated or Qualified 07/15/1996	3a, Da	ate of Last	Report
2. Principai Pla	ace of Business	2a. Mailing Address			 	4. FEI Number			Applied For
21		26		****************		65-0721169			Not Applicable
Suite, Apt. #	F, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zφ	Coul	ntry		8. This corporation has liability for in			s. 199.032,
24	25	29	30					No	
OTE	g, Name and Address of Curre	ni Hegisterea Agent		81	Name	10. Name and Address of New Reg	Jistereo /	Agent	
	ad, richard G 1sta del Rio dr		Į						
	NTON BEACH FL 33426			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)		
	111011 001011 10 00 100		Ì	83					
			}	84	City	<u> </u>		85 Zi	p Code
					·	oration submits this statement for the p	FL		·
SIGNATURE						on a board of directors. I hereby accep		ointment i	as registered
	Signature: typical or partied name of registured ag	ent and tille if applicable (I ID DIRECTORS	NOTE Registered	Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND	DIRECTO	100 IN 12
12.	DP OFFICE AS AS	DELETE	1.1 Til	LE		ADDITIONS/CHANGES TO OFFICE	CHO ARE	Change	
NAME	STEAD, RICHARD G		1.2 NA	ME					
STREET ADDRESS	45 VISTA DEL RIO DR		1.3 \$T	REET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33426		1.4 CIT	TY-S	ST-ZIP				
TITLE		☐ DELETE	2.1 T (7	LE				☐ Chang	e 🔲 Addition
NAME			2.2 NA	ME					
STREEL ADDRESS					ADDRESS	4. <i>1</i> .	6.6		
CITY-ST-ZIP		DELETE	2. 4 CI	_	ST - ZIP			Chang	e Addition
TOLE		בין טנננונ	3.1 TIT 3.2 NA					CT CURING	s L. Addition
NAME OTHER LANDRESS					ADDRESS				
STREET ADDRESS CITY-ST-ZIP					ST-ZIP				
TITLE		DELETE	4.1 Til		OI - EA			Chang	e Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4 3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 Cf	IY-S	ST- Z IP				
TITLE		☐ DELETE	51 TI	TLE				☐ Chang	e 🔲 Addition
NAME			52 NA						
STHEET ADDRESS					ADDRESS				
CITY-ST-ZIP		C priese			ST-21P		 .	Chesa	e 🔲 Addition
TITLE		☐ DELETE	6.1 TI					☐ Chang	a Maddinou
NAMI			6.2 NA		r apobree				
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			6.4 Cl	11-5	ST-ZIP	11- D11- 440 07(0)(2) Fire(d- 0)-1-4-	. (4 4)		ar Na

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,