PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061981

1. Corporation Name

STANLEY RESEARCH INSTITUTE, INC.

Principal Place of Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90020 032 ***150.00



9760 SW 127 S		9760 SW 127 ST.				
MIAMI FL 33176	54950	MIAMI FL 33176-4950		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				07/24/1996		
2. Principal Pf	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21 150	12 SW 104 ST_		5W 1045T	65-06827 <u>16</u>	Not	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
City & State . City & State				6. Election Campaign Financing	\$5.00	May Be
23 MIAMI, FL 28 M, A			Country	Trust Fund Contribution	Added to	o Fees
			_ Country 10	This corporation owes the current year Personal Property Tax.		⊠ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name	ANIEL STANley		
82 Street Addr				ress (P.O. Box Number is Not Acceptable)		
9760 SW 127 SI.				5012 SW 104 ST	-	
MIAMI FL 33176-4950			83	#2421		
			84 City 0.0		85 Zip C	Code
			1 1 1	Niami F	∟ <i>133</i>	3/96
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	i, the above-named corp horized by the corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its jointment as rec	registered gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.	.//	Jan "	·
SIGNATURE	Ch)aniel E	starley		4/28	<u> 199 </u>	
	Signature, typed or printed name of registered agent		tegistered Agent signature require	**,*	AND DIDECTO	DC IN 42
12.	OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	•				,	_
NAME	STANLEY, DANIEL		1.2 NAME	15012 SW1045T, MIAMI, FL	#242)
STREET ADDRESS	9760 SW 127 ST.		1.3 STREET ADDRESS	130,200	23191	
CITY-ST-ZIP	MIAMI FL 33176-4950	☐ DELETE	1.4 CITY-ST-ZIP	/// i+ iv(i ,	Change	Addition
TITLE		□ DELETE				
NAME			2.2 NAME			
STREET ADDRESS	·		2.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2. 4 CITY- ST-ZIP		Change	Addition
TITLE		CT DELETE	3.2 NAME			
NAME						
STREET ADDRESS			3.3 STREET ADDRESS			Į.
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE		יין טבעבוב	4 2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS						· • •
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change	Addition
TITLE		- DETECT	5.2 NAME			
NAME			5.3 STREET ADDRESS			[
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		□ DELETE	6.1 TITLE		Change	Addition
TITLE		☐ Defete	6.2 NAME		புகள்கும்	
NAME			6.3 STREET ADDRESS			[
STREET ADDRESS			0.3 STREET ADDRESS			

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.