


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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90153 015 ***150.00

0000339

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

DOCUMENT # P96000075994

1. Corporation Name
STACEY INVESTMENT, INC.

Principal Place of Business 31608 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	Mailing Address 162 OLD SURREY LANE RICHMOND HILL ON L4C7E US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number

59-3412702

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**LONG, DENNIS R
31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORCOS, BOUTROS	
STREET ADDRESS	162 OLD SURREY LANE	
CITY-ST-ZIP	RICHMOND HILL ON	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BABCOCK, DAVE	
STREET ADDRESS	11 SIMS CRESCENT UNIT 2	
CITY-ST-ZIP	RICHMOND HILL ON	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KHREICH, GUSSAN	
STREET ADDRESS	11 SIMS CRESCENT UNIT 2	
CITY-ST-ZIP	RICHMOND HILL ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABCOCK, THERESA	
STREET ADDRESS	11 SIMS CRESCENT UNIT 2	
CITY-ST-ZIP	RICHMOND HILL ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORCOS, SOUAD	
STREET ADDRESS	162 OLD SURREY LANE	
CITY-ST-ZIP	RICHMOND HILL ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	L4C 7E5
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100 OBSERVATORY LANE APT 1514
3.4 CITY-ST-ZIP	RICHMOND HILL, ON L4C 1T4
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	L4C 7E5
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D KHREICH, ANTOINETTE
6.3 STREET ADDRESS	100 OBSERVATORY LANE APT 1514
6.4 CITY-ST-ZIP	RICHMOND HILL ON L4C 1T4

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:

SIGNATURE REQUIRED

MORCOS

MARCH 30, 99

905-886-1819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)