

JUL 30 '99 (WED) 14:40

SHUTTS & BOWEN

TEL: 561 650 8530

P. 002

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---

99 JUL 29 AM 10:58

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080099

1. Corporation Name

Stuart Equities, Inc.

Principal Place of Business

Mailing Address

17152 Mandylynn Court
Boca Raton, FL 33496

REINSTATEMENT

97-99

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified 9/26/96	
21. Suite Apt # etc.	22. Suite Apt # etc.	23. City & State		24. Zip	
25. City & State	26. City & State	27. Zip		28. Country	
29. Zip	30. Country	31. Zip		32. Country	
33. Name and Address of Current Registered Agent		34. Name and Address of New Registered Agent		35. FET Number 65-0774247	
36. Certificate of Status Desired ☐		37. Election Campaign Financing Trust Fund Contribution ☐		38. The corporation owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No	

3. Name and Address of Current Registered Agent		4. Name and Address of New Registered Agent	
Corporation Company of Miami 1600 Miami Center 201 South Biscayne Blvd. Miami, FL 33131		Jane Yudell 17152 Mandylynn Court Boca Raton, FL 33496	

11. Pursuant to the provisions of Sections 607.0555 and 607.1506 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 in full faith and belief, and accept the obligations of Section 607.0555 Florida Statutes.

SIGNATURE: Jane Yudell

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
D	Jane Yudell		
STREET ADDRESS	17152 Mandylynn Court		
CITY-STATE-ZIP	Boca Raton, FL 33496		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b) Florida Statutes. I further certify that the information indicated on the 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 the clerk 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 if an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee