# SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED

JUL 28 AM 11: 26

STEM RESOURCES OF FLO Principal Place of Business	Mailing Address		SECR TALLA	ETARY OF STATE HASSEE, FLORIDA
STE. 204. 55 NORTHERN BLVD. GREAT NECK NY 11021	STE. 204, 55 NORTHERN GREAT NECK NY 11021	BLVD.		
			DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualified 10/21/1996	a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt # etc	26 Suite Act # etc		11-3344223	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & State	City & State		Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid th	<del></del>
24 25		30	Personal Property Tax due June 30.	Yes No
	of Current Registered Agent		10. Name and Address of New Regist	ered Agent
FILINGS, INC.		81 Name		
3732 N.W. 16TH STREET		82 Street Adde	ess (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33311	1-4132	63		
		63		
		<b>84</b> City		FL 85 Zip Code
11. Pursuant to the provisions of Sections	s 607.0502 and 607.1508. Florida Statute	es, the above-named corr	poration submits this statement for the num	
office or registered agent, or both, in	the State of Florida. Such change was a the obligations of, Section 607.0505, Flo	uthorized by the corporat	poration submits this statement for the purp- tion's board of directors. I hereby accept the	e appointment as registered
1	the obligations of, occion oo7.0003, 110	inda Statutes.		
SIGNATURE Signature, lyped or printed name of re	ngistered agent and title if applicable (NOTE	Registered Agent signature requir	ed when roinstating) E	ATE ·
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE D	DELETE	11 TILE	•	Change Addition
NAME BIALER, ROBERT A STREET ADDRESS 1 WHITNEY CIR., GLEN COVE		1.2 NAME	30000225	12930
AND MY VODE AND 4484		1.3 STREET ADDRESS	-07/29/97	01106009
TITLE D	DELETE	1.4 C(TY - ST - Z)P 2.1 T(TLE	****165 <b>.</b> (	00 *** * 165 00
NAME DONALDSON, ROBER	<del></del>	2.2 NAME		C anguide C Modition
STREET ADDRESS 36 SHEPPARD ST.	•	2.3 STREFT ADDRESS		
CITY-ST-ZIP GREAT NECK NY 115	145			
TITLE		2 A CITY-ST-7IP		
	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME #				Change Addition
NAME STREET ADDRESS		3.1 TITLE		☐ Change ☐ Addition
STREE ADDRESS CIT - ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME		
STREE ADDRESS CITY-ST-ZIP THE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
STREE ADDRESS CITY-ST-ZIP TIFLE NAME	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - S1 - ZIP 4.1 TITLE 4.2 NAME		
STREE ADDRESS CITY-ST-ZIP TIFE NAME STREET ADDRESS	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
STREE ADDRESS CITY-ST-ZIP TIFE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
STREE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE		
STREM ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TIFEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREM ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TIFEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition

14. I do hereby certify that the information supplied with this thing 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 and under only 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 report of the corporation or the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an effective with an address.

171 1111-



## Stem Resources of Florida, Inc. 55 Northern Blvd Suite 204 Great Neck, NY 11021

July 11, 1997

State of Flordia
Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

#### Gentlemen:

On January 2, 1997 this corporation sent to the Secreatry of State a check in the amount of \$165.00 in payment of the registration fee (annual report) for 1997. As of this date this check has not been presented to the bank for payment.

Please send a duplicate form and we wil send in a replacement check.

Thank you for your attention in this matter.

Very truly yours,

Robert Bialer President