

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90181 032 \*\*\*150.00

0415143

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000089148**

1. Corporation Name  
**STONESCAPE (USA), INC.**



Principal Place of Business  
**2842 GLEN HOLLOW DRIVE  
 CLEARWATER FL 33761  
 US**

Mailing Address  
**2842 GLEN HOLLOW DRIVE  
 CLEARWATER FL 33761  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/26/1996**

4. FEI Number  
**59-3413959**

Applied For  
 Not Applicable

2. Principal Place of Business  
**21 7709 ANDERSON ROAD**

2a. Mailing Address  
**26 P.O. Box 2131**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

City & State  
**23 TAMPA, FLORIDA**

City & State  
**28 DUNEDIN, FLORIDA**

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

Zip Country  
**24 33634 25 U.S.A.**

Zip Country  
**29 34697 30 U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATHAK, JAYSHREE  
 2842 GLEN HOLLOW DRIVE  
 CLEARWATER FL 33761**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PATHAK, JAYSHREE</b>	
STREET ADDRESS	<b>2842 GLEN HOLLOW DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>PC</b>	<input type="checkbox"/> DELETE
NAME	<b>TRIVEDI, HARESH</b>	
STREET ADDRESS	<b>2842 GLEN HOLLOW DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PC TRIVEDI, HARESH</b>	
2.3 STREET ADDRESS	<b>2842 GLEN HOLLOW DRIVE</b>	
2.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **J. Pathak** **JAYSHREE PATHAK** **4-20-1999** **813-887-4622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)