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

Mailing Address

7768 ALHAMBRA BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091231

Principal Place of Business 7768 ALHAMBRA BLVD

STEWILL INVESTMENT CORPORATION

MIRAMAR FL 33023 US		Miramar FL 33023 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						11/04/1996		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ā	pplied For
21		26				65-0692589	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				•		Additional
22		27				5. Certifcate of Status Desired	Fee P	Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	i to Fees
Zip	Country Zip			Country		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
			8	11	Name			,
	IAMS, STEPHEN A		82 Street A		Street Ad	ddress (P.O. Box Number is Not Acceptable)		
7768	ALHAMBRA BLVD							
MIRA	MAR FL 33023		8	33				
			9	14	City		85 Zip	Code
				- 1	•	_	FL `	
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	,	The state of the s	On sinks and As		alanahura ragu	uired when reinstating) DATE		!
	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS		OPS IN 12
TITLE	D ·	DELETE	1.1 TITLE		-	ADDITIONS/CHANGES TO OFFICERS	☐ Change	
NAME	•		1.2 NAM					
	WILLIAMS, STEPHEN A			1.3 STREET ADDRESS				ı
STREET ADDRESS			1.4 CITY-ST-ZIP		1	•		
CITY-ST-ZIP	MIRAMAR FL 33023 1.4 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				ZIF		☐ Change	Addition
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NAME			3.3 STREET ADDRESS		*DDDECC			
STREET ADDRESS			3.4. CITY-ST-ZIP					
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NAME				4. 2 NAME				
STREET ADDRESS	SSS 1 1 .			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			•	
CITY-ST-ZIP			-		-ZIP		☐ Change	e ☐ Addition
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NAME					ADORESS			
STREET ADDRESS	•				1			
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-ST- 6.1 TITLE		.712		Change	e
TITLE	· ·		6.2 NAME				; Charige	
NAME		·	1		*******			
STREET ADDRESS			6.3 STRE	EE (,	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 appeal 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 receiptor 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:

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90005 032 ***150.00