FILED
May 01, 2002 8:00 am §

1. Entity Name  STEWART AND ASSOCIATES INTERNATIONAL, INC.						05-01-2002 91621 010 ***150.00			
Principal Pla 177 U.S. HIG STE 313	ice of Business	Mailing Address. 177 U.S. HIGHWAY 1 STE 313					~~~~	vvv	
TEQUESTA FL 33469		TEQUESTA FL 33469			ļ				
2. Principal Place of Business		3. Mailing Address				. 18811881 118 18118 81111 88111 88111 88111 88111 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 43-1111580	<del></del>	oplied For ot Applicable		
Zip Country		Zip	Country		5.	Certificate of Status Desired	\$8.75 Ad		
	6. Name and Address of Current	Registered Agent	•		7.	Name and Address of New Register	ed Agent		
والمرافع المحافظ والمرافع المنافي المرافع المرافع المرافع المحافظ والمعافر والمام والمعافر والمام والمعافر				Name					
Stewart, Kenny J 177 U.S. Highway 1				Street Addres	et Address (P.O. Box Number is Not Acceptable)				
STE 313									
TEQUESTA FL 33469				City FL Zip Code					
	e named entity submits this statement for			ed office or regis			re		
Tax filing (See crite	ofation is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 20 Make Check Payat	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Star			Election Campaign Financing     Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND	<del></del>	12.		AE	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, KENNY J 177 U.S. HIGHWAY 1 TEQUESTA FL 33469	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete LIGGETT, BROOKE 5133 S CAMPBELL #102 SPRINGFIELD MO 65810		TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STINION ILLES MO 00010	☐ Delete	, TITLE NAME	TADDRESS		·	☐ Change	Addition	
IITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME	f ADDRESS	_		☐ Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS (T-ZIP			☐ Change	Addition	
ITLE IAME TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET	ADDRESS	. 111		☐ Change	Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**