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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000101392 (4)

STEWARDSHIP GROWTH ASSOCIATES, INC.

2700 N. PEN	ice of Business NINSULA AVENUE #331 NA BEACH FL 32169	Mailing Address  2700 N. PENINSULA AVE NEW SMYRNA BEACH F			
-			1	DO NOT WRITE IN TH	IIS SPACE
			:	3. Date Incorporated or Qualified	
2. Principal	Place of Business	2a. Mailing Address	<u>.</u>	01/01/1997 4. FEI Number	Applied For
21		26	# :	59-341 5214	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	ate	City & State	<u>i</u>	6. Election Campaign Financing	<b>\$5.00</b> May Be
23   Zip	Çauntry	<b>28</b>	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes <b>X</b> No
	g. Name and Address of Cur			10. Name and Address of New Register	
FL	LANDERS, ERNEST W		81 Name		
2700 N. PENINSULA AVENUE #331			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
N	EW SMYRNA BEACH FL 32169	)	: []		
			83		
			84 City		85 Zip Code
					L
•					
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOT	E. Registered Agent signature requ	poration submits this statement for the purposition's board of directors. I hereby accept the stated when reinstaling)	
12.	Signature, typed or printed name of registered OFFICERS	t agent and title if applicable. (NOT	E. Registered Agent signature requ		AND DIRECTORS IN 12
<b>12.</b> TITLE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOT	E. Registered Agent signature requ	dred when reinstailing) DATI	AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS D  PLANDERS, ERNEST W	agent and title if applicable. (NOT AND DIRECTORS	E. Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	dred when reinstailing) DATI	AND DIRECTORS IN 12
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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.

SIGNATURE:

amosw Stander HEU

1/9/97 904-427-2733

**FILED** 

Jan 20 1998 8:00am

Secretary of State