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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 19700011254

	STUFF INC. STEVEN E. ZUCKE	R			
Principal Place of Business 1512 PRESIDIO DRIVE WESTON, FL 33327		Mailing Address	DIO DRIVE		
		WESTON, FL		DO NOT WRITE IN THIS SPACE	
		33327-1759		3. Date Incorporated or Qualified	
		<del>,</del>		02/01/97	
2. Principal Place of Business		2a. Mailing Address		4. FE Number	Applied For
Suite, Apt. #, etc.		Suite. Apl. #, etc.		65-0728136	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30 '	Personal Property Tax due June 30.	<b>x</b> ☐ Yes ☐ No
·	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
ZUCKER	, STEVEN E.		81 Name		
1512 P	RESIDO DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
WESTON	,FL 33327		83		
				·	
			84 City	F	85 Zip Code
office or agent 1 a	registered agent, or both in the State am f <mark>amiliar with, and accept the oblig</mark>	of Florida, Such change was ations of, Section 607,0505 F	authorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	e of changing its registered popiniment as registered
SIGNATURE	Signature Typed or prodest name of majorn 13 and	erawath, tapptoone (NC	21 Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AN	D DIR CIORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	<b>D</b>	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
	ZUCKER, STEVEN E		1 2 NAME		
	1512 PRESIDIO DR	IVE	1 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WESTON FL 33327	DELETE	1.4 CHY-ST-ZIP 2.1 THLE		☐ Change ☐ Addition
NAME		D DECENE	2.2 NAME		Change LI Addition
STREET ADDRESS			2.2 NAIVET 2.3 STREET ADDRESS		
City-S1-ZiP			2.4 CITY-ST-ZIP		
117LE	<del> </del>	DELETE	3.1 Tille		Change Addition
NAME			3 2 NAME		
STREET ADDRESS	İ		3 3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP		
TOTLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4 4 CITY - S1 - ZIP		4 /
THILE		☐ DELETE	51100		Change
NAME			5.2 NAME	_	1////
STREET ADDRESS			5.3 STREET ADDRESS		1////
CHY-SI-7P		Theres.	54 C 1Y - S1 - 7IP		
TITLE		LJ DELETE	6111111	50000248 <b>2</b> -04/13/9801057-	
NAME STREET ATIORESS			MAN S 3 SHELL ADDRESS	***150.00	_010

14. Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this 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 testies employeed 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:X

THE THE STATE OF PHINTER NAME OF SIGNING OFFICER OF DIRECTOR

4/7/98

954/384-7568

**FILED** 

Apr 13 1998 8:00am

Secretary of State

72E034 (10/97)