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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000011930**1. Corporation Name

STENAN, INC.

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90025 020 \*\*\*150.00



Principal Place of Business Mailing Address							1001		
8298 OLD FOREST RD. 8298 OLD FOREST RD.									
PALM BCH. GARDENS FL 33410			PALM BCH. GARDENS FL 33410				, ·		
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 02/05/1997		
2. Principal Place of Business . 2a. Mailing Address							4. FEI Number Applied Fo	or	
21			26				65-0735993 Not Applic	able	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi	al	
22			en en			. •	5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	,	
23			В				Trust Fund Contribution Added to Fees		
Zip Country			Zip Country				8. This corporation owes the current year Intangible		
24	25	29	3	0			Tersorial Tropolity Text		
	9. Name and Address of Currer	t Regis	tered Agent	04	1 1		10. Name and Address of New Registered Agent		
WOOD, STEPHEN R				81	Na Na	ime	•		
922 SE FOURTH AVE.			82	Str	reet Addres	ess (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33483				ļ					
DELIKT BEACH FL 33403				83					
	·			84	Cit	ty	FL 85 Zip Code		
							I I	rod .	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 60 of Florid	07.1508, Florida Statutes la. Such change was autl	, the abov horized by	e-nar	med corpor corporation	oration submits this statement for the purpose of changing its registe on's board of directors. I hereby accept the appointment as registered	1	
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, Florid	la Statutes	š.	,	•		
SIGNATURE							d when reinstating) DATE	-	
	Signature, typed or printed name of registered age				nt signa	ture required v	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	OFFICERS AN	שאוט טואב	☐ DELETE	13.				ddition	
TITLE	WOOD, STEPHEN		C Decerie	1.2 NAME				-	
NAME *	8298 OLD FOREST RD.				T 4 DD2	2500			
DALM BOLL CARRENCEL 22410				1.3 STREE		(E22)			
CITY-ST-ZIP .	S	īŪ	☐ DELETE	1.4 CITY-S 2.1 TITLE	i1-ZIP		☐ Change ☐ A	ddition	
TITLE									
NAME	GUTHRIE, NANCY 8298 OLD FOREST RD.			2.2 NAME				- 1	
STREET ADDRESS	PALM BCH. GARDENS FL 334	10		2.3 STREE		l	والمام وينزو والاجتماع الوالي	ļ	
CITY-ST-ZIP	PALM BUT. GARDENS FL 334	10	DELETE	2.4 CITY-1	51-ZIP	<del></del>		ddition	
TITLE			□ bereie	3.1 NAME					
NAME				•			•		
STREET ADORESS				3.3 STREE			•		
CITY-ST-ZIP			☐ DELETE	3.4. CITY-1	SI-ZIP		Change A	ddition	
TITLE			C Deterie	4.2 NAME					
NAME*,			-			7500		}	
STREET ADDRESS				4.3 STREE		*E55			
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S 5.1 TITLE	1- ZIP	<del></del>	☐ Change ☐ A	ddition	
TITLE	-		C. OLLLIE	5.1 TILE 5.2 NAME			·		
NAME				5.3 STREE	TADDE	RESS	•		
STREET ADDRESS				5.4 CITY- S					
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	, i - 411°		☐ Change ☐ A	ddition	
TITLE				6.2 NAME					
NAME				6.3 STREE		RESS		{	
STREET ADDRESS				0.3 STREET	וטיטאיי	~~~	•	Į	

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: