

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

FILED
Aug 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000040296 (0)
 1. Corporation Name
STADICO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **15152 SPRINGVIEW STREET TAMPA FL 33624**
 Mailing Address: **15152 SPRINGVIEW STREET TAMPA FL 33624**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3. Date Incorporated or Qualified: **05/01/1997**

4. FEI Number: **59-3449296**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
COHEN, STEVEN D
15152 SPRINGVIEW STREET
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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: _____ (NEED Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: Pres	NAME: EDIANA COHEN	<input type="checkbox"/> DELETE
STREET ADDRESS: 4160 Centergate Blvd	CITY-ST-ZIP: SARASOTA FL 34233	
TITLE: V.P.	NAME: SAME as Above	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: Sec	NAME: SAME as Above	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE: Treas	NAME: SAME as Above	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 ***550.00

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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

CR2E034 (10/97)