

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000041135**

1. Corporation Name
STAMEL, INC.

Principal Place of Business
**3753 46TH AVE. S., STE 8
ST. PETERSBURG FL 33711**

Mailing Address
**3753 46TH AVE. S., STE 8
ST. PETERSBURG FL 33711**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90002 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3456179

Applied For

Not Applicable

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country 24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

9. Name and Address of Current Registered Agent

**HASSE, STANLEY F
3753 46TH AVE. S., STE 8
ST. PETERSBURG FL 33711**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP HASSE, STANLEY F**
STREET ADDRESS **3753 46TH AVE. S., STE 8**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**
TITLE ☐ DELETE
NAME **DS HAMILTON, MELVIN E**
STREET ADDRESS **3753 46TH AVE. S., STE 8**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

Date

813-871-1331

Daytime Phone #

CR2E034 (5/99)

P97000041135
588468-90002-2

STAMEL, INC.
3753 46TH AVE. S. STE 8
ST. PETERSBURG, FL 33711
727-866-3655

July 7, 1999

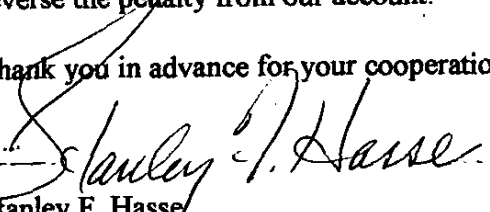
Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32313

To whom it may concern:

Please be advised that the attached report indicating a late fee and marked second notice is the first report we have received from you. We did not receive an original notice. Perhaps the problem occurred since we had a corporate name change.

As we notified you via our telephone call to you a few days ago, we are mailing the regular fee of \$150.00 with the attached signed form, and request that you forgive and reverse the penalty from our account.

Thank you in advance for your cooperation.


Stanley F. Hasse
President