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

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DOCUMENT # P97000041309 (0)								
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i								
Principal Place	e of Business	Mailing Address				1 10211201 110 18111 16811 89111 00(11 00111 01111 01111	1888 (1144 891	HE IEH HED!
2019 LAFAYETTE ST.		2019 LAFAYETTE ST.						
APT. 4 FORT Myers Fl. 33901		APT. 4 FORT MYERS FL 33901				DO NOT WRITE IN THIS SI	PACE	
10111 11110	(5 4000)	TOTAL WILLIO TE GOOD				3. Date Incorporated or Qualified		
						05/06/1997		
	lace of Business	2a, Mailing Address 26				4. FEI Number 65- 074 9 3 41	 - '	oplied For ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	~					Additional
22		27				5. Certificate of Status Desired		equired
City & State	8	City & State				6. Election Campaign Financing		May Be
Zip	Country	Z ip	Coul	nirv	·	Trust Fund Contribution		to Fees
24	25	29	30	ı ııı y		8. This corporation owes or has paid the curre Personal Property Tax due June 30.		No No
	g, Name and Address of Curre					10. Name and Address of New Registered A	gent	
GAI	RAJ, STANISLAV	_		81 N	ame			
2019 LAFAYETTE ST.				82 St	reet Add	ress (P.O. Box Number is Not Acceptable)		
APT. 4			ļ	83				
FORT MYERS FL 33901			l	83				
				84 Ci	ty	FL	85 Zip	Code
11. Pursuant 1	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	es, the ab	ove-na	med corp	poration submits this statement for the purpose of cition's board of directors. I hereby accept the appo	hanging i	is registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Stati	utes.	Corpora	tion's board of directors. Frieredy accept the appo	nument as	registered
SIGNATURE	Signature, typed or printed name of registered a	peri and title d emblerable	f · Registered	Anent ein	noture requi	ired when reinstating) DATE		
12.		ND DIRECTORS	13.	- Figoria di	- Branc rada	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 111	LE			Change	☐ Addition
NAME	Garaj, Stanislav		1.2 NA	ME				
STREET ADDRESS	2019 LAFAYETTE ST.		1.3 STI	REET ADDR	ESS			ļi
CITY-ST-ZIP	FORT MYERS FL 33901	DELETE		Y - ST - ZIP			T 65	- Legition
TITLE NAME		- M DETEIG	2.1 TiT 2.2 NA		1	L	_! Change	☐ Addition
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STREET ADDRESS				REET ADDR	ESS			
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TITLE		☐ DELETE	6.1 TIT	LE			Change	Addition
NAME			6.2 NA	ME	}			{
STREET ADDRESS				reet adda	ESS			
CITY-ST-7IP			E & A DOT	V_ CT_ 7IP	[ı

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 suppliermental 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 receiper of 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 attarhyper with an address.

STANISLAW

CARAS, PRESIDENT 4/09/98 941-337-7189

FILED

Apr 15 1998 8:00am

Secretary of State