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 # P97000044728

1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90113 045 ***150.00

WILSON/	STEWART COMPANY								
Principal Place	of Business	Mailing Address				-		INTERNATION I	1001 1011 1001
2033 MAIN ST., STE. 101 2033 MAIN ST., STE. 101 SARASOTA FL 34237 SARASOTA FL 34237						DO NOT WRI	TE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed	12 111 1110	317104	
ı						05/20/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number		_ 	olied For
21 26			<u> </u>			65-0764894			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State City & State						6. Election Campaign Financing		\$5.00 1	May Be
23 28						Trust Fund Contribution		Added to	o Fees
Zip Country Zip			Country			8. This corporation owes the cun		ngible ,	.
24	25 29 30					Personal Property Tax.			X No
	9. Name and Address of Curren	t Registered Agent	8	4 N		10. Name and Address of New	Registered A	lgent	
PFLUGNER, J. GEOFFREY					ame 				
2033 MAIN ST., STE. 101			8	2 St	reet Addre	ss (P.O. Box Number is Not Accept	able) 		
SARASOTA FL 34237			8:	3					
			8	4 Ci	ity		FL	85 Zip C	ode
44 Duraniant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statutes	the abo	ve-na	med como	ration submits this statement for the	numose of o	hanging its	registered
office or re	to the provisions of Sections 507,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norizea b	v the	corporation	n's board of directors. I hereby acce	pt the appoin	tment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and trile if applicable. (NOTE: R/	egistered Ag	jent sign	nature required	when reinstating)	DATÉ		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	□ DELETE	1,1 TITLE	•				Change	☐ Addition
NAME	WILSON, TONEY		1.2 NAME	Ē					
STREET ADDRESS	7000 171017 1122 1121		1.3 STRE	ET ADD	RESS				
CITY-ST-ZIP			1.4 CITY-	-ST-ZIP	<u> </u>				
TITLE	·		2.1 TITLE	2.1 TITLE				☐ Change	☐ Addition
NAME	STEWART, A J J		2.2 NAME	Ē					ĺ
STREET ADDRESS	5525 5512 511 21		2.3 STRE	ET ADD	RESS	•			
C/TY-ST-Z/P				2.4 CITY-ST-ZIP				Change	Addition
TITLE			3.1 TITLE					Cuange	Addition
NAME			3.2 NAME						İ
STREET ADDRESS			3.3 STRE 3.4. CITY			•			
CITY-ST-ZIP		DELETE	4.1 TITLE		- -			☐ Change	☐ Addition
NAME		-	4.2 NAM					٠	
STREET ADDRESS			4.3 STRE		RESS				
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP	.	•	•		
TITLE		DELETE	5.1 TITLE				_	☐ Change	☐ Addition
NAME			5.2 NAME	E.			•	• .	į.
STREET ADORESS			5.3 STRE	ETADO	RESS				j
CITY-ST-ZIP			5.4 CITY		·				
TITLE ""		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME "			6.2 NAME						
STREET ANDRESS			6.3 STRE	EET ADD	RESS				

6.4 CITY-ST-ZIP 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: