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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700058889 (1)

THE STANFORD COMPANIES, INC.

Principal Place	o of Business	Mailing Address		( station, to solution of the
1065 WEST M	orse blvd	1065 WEST MORSE BLY		
WINTER PARK	FL 32789	WINTER PARK FL 32789	)	DO NOT WRITE IN THIS SPACE
				3, Date Incorporated or Qualified
		T 2 125 - 1777	· · ·	07/07/1997
_	ace of Business	2a. Mailing Address		4. FEI Number oplied For
21		26		59-345 6254 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Hequired
City & State	0	City & State		6, Election Campaign Financing \$5.06 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
ART	in, Kenneth R esq		81 Name	# A DADIS KOSOCI
	NORTH EOLA DRIVE		82 Street	per Address (P.O. Box Number/is plot Acceptable)
	ANDO FL 32801		2	
<b></b>	2 4 10 1 2 0 2 0 1		83	
			84 City	Palm Kerch FL 85 32480
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Stell	ites, the above-page	ped corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the co	red corporation submits this statement or the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, f	lorida Statutes.	4.0.00
SIGNATURE	1 A I I THE	<b>K</b> .,	was water and a water to the termination	aturo required when reinstating)  DATE  DATE
12,	Signature, typed or printed name of represent ager OLFTCERS AND	E STATE LE ABBORGATIK (AR	13.	DPChangeAddition
TITLE	O .	DELETE	1.1 TITLE	A. David Kosoy
NAME	MILDNER, RICHARD	<u></u>	1.2 NAME	
	1065 WEST MORSE BLVD			209 Phipps Plaza
STREET ADDRESS			1.3 STREET ADDRESS	I dilli Dodoli I lottaa Do too
CITY-ST-ZIP	WINTER PARK FL 32789	DELETE	1.4 CITY - ST - ZIP	_DVChangeAddition
TITLE	D	ויין טניניונ	2.1 TITLE	Duane J. Stiller
NAME	CORKERY, THOMAS		2.2 NAME	209 Phipps Plaza
STREET ADORESS	1065 WEST MORSE BLVD		2.3 STREET ADDRESS	SS Palm Beach, Florida 33480
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY - ST - ZIP	DVS Change Addition
TITLE	D	☐ DELETE	3.1 TITLE	Denis Beaulieu
NAME	ECKBERT, JOHN		3.2 NAME	209 Phipps Plaza
STREET ADDRESS	1065 WEST MORSE BLVD		3.3 STREET ADDRESS	S Palm Beach, Florida 33480
CITY-ST-ZIP	WINTER PARK FL 32789		3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	ChangeAddition
NAME			4. 2 NAME	Richard Jerman
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Palm Beach, Florida 33480
TITLE		☐ DELETE	5.1 TITLE	DT Change \( \sum \) Addition
NAME		- '	5.2 NAME	Geri Marchessault
STREET ADDRESS				ss 209 Phipps Plaza
			5.4 City-SI-ZiP	Palm Beach, Florida 33480
CITY-ST-ZIP		DELETE	61 TITLE	Paim Beach, Florida 33480
TETLE		Otte 15		
NAME			62 NAME	
STREET ADDRESS			6 3 STREFT ADDRESS	58

14. Thereby 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.