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

**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # P9700083122 (6) STAINMAN INTERNATIONAL, INC. Principal Place of Business 2115 FLAMINGO PLACE SAFETY HARBOR FL 34695 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 25

STREET ADDRESS

AM.

CITY-ST-ZIP

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 24 1998 8:00am Secretary of State

Mailing Address 2115 FLAMINGO PLACE SAFETY HARBOR FL 34695 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1997 Applied For 2a. Mailing Address Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PANEBIANCO, ALLAN M 2115 FLAMINGO PLACE Street Address (P.O. Box Number is Not Acceptable) 82 SAFETY HARBOR FL 34695 83 84 City 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 reinstaling) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE 1.1 TITLE TITLE PANEBIANCO, ALLAN M 1.2 NAME NAME 2115 FLAMINGO PLACE 1.3 STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ■ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZiP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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.

6.4 CITY-ST-ZIP

6.3 STREET ADORESS

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812-799-B7RY