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 # **P97000083122** 1. Corporation Name

STAINMAN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2115 FLAMINGO PLACE SAFETY HARBOR FL 34695	2115 FLAMINGO PLACE SAFETY HARBOR FL 34695

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

02-19-1999 90125 016 ***150.00



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Principal Place	e of Business	Mailing Address		-	4 (MMIIAM) 158 (MIII 5801) MU(II 90116 MAITE AN	181 18188 SISBS 10814	T EIBIN ILNI INRI
2115 FLAMINGO PLACE SAFETY HARBOR FL 34695 2115 FLAMINGO PLACE SAFETY HARBOR FL 34695			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed 09/24/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-3471476		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current year Personal Property Tax.	Intangible Ves	□No
24	9. Name and Address of Curren				10. Name and Address of New Registers		
	9. Name and Address of Curren	I Registered Agent	81	Name	10. Hame and Address of New Registers	w Agoin	
	EBIANCO, ALLAN M		82	·	ess (P.O. Box Number is Not Acceptable)		
2115 FLAMINGO PLACE SAFETY HARBOR FL 34695		83	Oli oct / tou				
J						la-	0.1.
			84	City	F	L	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	ized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as re	registered egistered
SIGNATURE							
	Signature, typed or printed name of registered ager			nt signature required			
12.		F3	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D ANTERNANCO ALLANIA		I.1 TITLE			☐ Change	☐ Addition]
NAME	PANEBIANCO, ALLAN M		I.2 NAME				
STREET ADDRESS	2115 FLAMINGO PLACE			TADORESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695		I.4 CITY-S	T- ZIP		Change	Addition
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				ſ
STREET ADDRESS		1	2.3 STREE	TADORESS	\$		
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP		Change	Addition
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME		·		
STREET ADDRESS		1		TADORESS			
CITY-ST-ZIP	***		3.4. CITY-5 3.1 TITLE	ST-ZIP		Change	Addition
TITLE		_	. 2 NAME				() Hadison
NAME				TADORESS			ļ
STREET ADDRESS							}
CITY-ST-ZIP TITLE			5.4 CITY-S 5.1 TITLE	1-2119		☐ Change	Addition
			5.2 NAME			aa.a	
NAME				TADORESS			Ì
STREET ADDRESS			5.4 CITY-S	1		•	
CITY-ST-ZIP TITLE	<u> </u>		3.1 TITLE	1-70-		☐ Change	Addition
			2 NAME				
NAME				ADDRESS			
STREET ADDRESS			OIDL O	7 710			

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.