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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000017585

1. Corporation Name

STOLC ENTERPRISES INC

Principal Place of Business

1606 FOXFIRE DR  
TAMPA FL 33618

Mailing Address

1606 FOXFIRE DR  
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

59-263 3494697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 16106 FOXFIRE DR

Suite, Apt. #, etc.

22 TAMPA

City & State

23 FL

Zip

24 33618

Country

25 US

2a. Mailing Address

26 16106 FOXFIRE DR

Suite, Apt. #, etc.

27 TAMPA

City & State

28 FL

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

GAWRON, MARY  
19321-C US HWY 19 N, STE 601  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 reinstating)

DATE

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PETER STOLC

STREET ADDRESS 16106 FOXFIRE DR

CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME SECRETARY

1.3 STREET ADDRESS JABINA STOLC

1.4 CITY-ST-ZIP 16106 FOXFIRE DR

2.1 TITLE TAMPA FL 33618

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: PETER STOLC 02.06.1999 (813) 765 7292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)