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 # P98000029175

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90244 004 ***150.00

THE STF	RAN GROUP, INC.)	
Principal Place	e of Business	Mailing Address		i 20011005 ina ibidi 10211 dalle dalle galle galle galle galle galle (galle 1901) inati	
2400 FORSYTH	ROAD	2400 FORSYTH ROAD			
SUITE 108	2007	SUITE 108 ORLANDE FL 32807		DO NOT WRITE IN THIS SPACE	
ORLANDO FL 3	2807	OHLANDO FL 32807	~	3. Date Incorporated or Qualifed	1
		l		03/27/1998	
21	lace of Business	2a. Mailing Address 26		4. FEI Number 3508 994 Applied For Not Applicable	-
Suite, Apt. 3	CENTRAL PARK DR.		AL PARK DR	5. Certifcate of Status Desired	
City & State		City & State	FL.	6. Election Campaign Financing \$5.00 May Be	
23 SA	UPURG	28 SANFORD		Trust Fund Contribution Added to Fees	4
Zip 24 3みつ	Country 7 1 25 USA	29 3 2771 3	Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	
	Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	┨
WOL	f, steven e		81 Name	WOLF STEVEN E	
-2400 FORSYTH ROAD.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUIT	E-108		83		1
OBL	ANDO FL 32807		5/	1 Fand, 1- Caking 327/1	┨
			84 City	FL 32771	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named component	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered]
office or r agent. I a	egistered agent, or both, in the State of medical from the obligation of the medical from t	ons of, Section 607.0505, Florid	da Statutes.	ation's board of directors. Thereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if positionals (AIOTE: E	Registered Agent signature req	nuired when reinstating) DATE	\
12.	OFFICERS ANE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 :
TITLE	D	☐ DELETE	1.1 TITLE	☐Change ☐ Addition	1
NAME	WOLF, STEVEN E		1.2 NAME	2011 00	
STREET ADDRESS	2400 FORSYTH ROAD STE 108		1.3 STREET ADDRESS	251 CENTRAL PARK OR	1.
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP	SANFORD FLORIDA 32771 Behange Addition 251 CENTRAL PARIC DR SANFORD FLORIDA 32771] ;
TITLE	D	☐ DELETE	2.1 TITLE	ChangeAddition	1
NAME	MILLER, JAMES R		2.2 NAME	2.16 00	
STREET ADDRESS	2400 FORSYTH ROAD STE 108	-	2.3 STREET ADDRESS	251 CENTRAL PARIC ME	1
CITY-ST-ZIP	ORLANDO FL 32807		2. 4 CITY-ST-ZIP	SANDFORD FLOKINA 32711	1
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	C Character Addition	4
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition	1
TITLE			5.1 TITLE 5.2 NAME	— — — — — — — — — — — — — — — — — — —	-
NAME			5.3 STREET ADDRESS	·	
STREET ADDRESS			5.4 CITY-ST-ZIP	_	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Change Addition	1
TITLE		ET DECE IE	6.2 NAME	□ avaria.	
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.5 STREET ADDRESS		1

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