May 03, 1999 8:00 am Secretary of State

05-03-1999 90029 047 ***150.00

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

1. Corporation Name STANWYCK ENTERPRISES, INC	J0044280			
Principal Place of Business	Mailing Address			
17338 N.W. 66 PLACE MIAMI FL 33015	17338 N.W. 66 PLACE Miami FL 33015			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/14/1998
2. Principal Place of Business 21	2a. Mailing Address			4. FEI Number Applied For Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 24 25	Zip	Coun	try	8. This corporation owes the current year Intangible Personal Property Tax. Yes
9. Name and Address of Cu		<u> </u>		10. Name and Address of New Registered Agent
STANWYCK, CHARLES M 17338 N.W. 66 PLACE MIAMI FL 33015		1	B3	et Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607	,0502 and 607,4509, Florida Statute	1	64 City ove-name by the col	ed corporation submits this statement for the purpose of changing its registered imporation's board of directors. I hereby accept the appointment as registered
SIGNATURE SIGNATURE) ()			7/00/99
Signature, typed or printed name of registere	S AND DIRECTORS	13.	gent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		1.1 TITL		Change Addition
NAME PRESIDENT		1.2 NAM		
1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2			-ST-ZIP	³
TITLE LIKE PIES DENT.	CC/TRIAS DELETE	2.1 TITL		☐ Change ☐ Addition
1 ''' 1		2,2 NAM		
NAME BRIGHTLE STANWYCH STREET ADDRESS 17338 NW66 PLACE			EET ADDRES	ss
CITY-ST-ZIP MIAMI, FL	1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /		Y-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	☐ DELETE	3,1 TITL	E	☐ Change ☐ Addition
NAME		3.2 NAM	Æ	
STREET ADDRESS .		3,3 STR	EET ADDRES	ss \ \ \ \
CITY-ST-ZIP		3.4. CIT	Y-ST-ZIP	
TITLE	☐ DELETE	4.1 TITL	E	☐ Change ☐ Addition
NAME CTREET ADDRESS		4. 2 NA/	ME FET ANDRES	55

6.4 CITY-ST-ZIP 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 ampowered 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 attactionent with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5,3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5,2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

REQUIRED

DELETE

☐ DELETE

☐ Change

Change

Addition

Addition