

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90024 044 \*\*\*150.00  
 08-04-1999 90001 039 \*\*\*400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000045973**

1. Corporation Name  
**STFB, INC.**

Principal Place of Business 8362 PINES BLVD. STE. 387 PEMBROKE PINES FL 33024	Mailing Address 8362 PINES BLVD. STE. 387 PEMBROKE PINES FL 33024
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>05/19/1998</b>	4. FEI Number <b>65-0839705</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent <b>STOLLER, JEFFREY M 1717 N. BAYSHORE DR., STE. 321 MIAMI FL 33132</b>	10. Name and Address of New Registered Agent 81 Name <b>Emmanuel D. Errico III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8362 Pines Blvd. Suite 387</b> 83 84 City <b>Pembroke Pines</b> FL 85 Zip Code <b>33024</b>
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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 607.0508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: **5/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Emmanuel D. Errico III</b>		1.2 NAME <b>CHRISTINE BARRIS</b>	
STREET ADDRESS <b>1541 N. 68TH WAY</b>		1.3 STREET ADDRESS <b>1541 N. 68th way</b>	
CITY-ST-ZIP <b>Hollywood, FL 33024</b>		1.4 CITY-ST-ZIP <b>Hollywood, FL 33024</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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 my address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **5/1/99** TELEPHONE: **954-986-8917**

CR2E034 (11/98)