

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90166 025 \*\*\*150.00

DOCUMENT # P98000059860

1. Corporation Name  
STORM RIVER SALES CORP.

Principal Place of Business  
297 SUNNY ISLES BOULEVARD  
NORTH MIAMI BEACH FL 33160

Mailing Address  
297 SUNNY ISLES BOULEVARD  
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/07/1998

4. FEI Number  
65-084 8251

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

9. Name and Address of Current Registered Agent

COHEN, JEFFREY R ESQ.  
297 SUNNY ISLES BOULEVARD  
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name M.J STAD  
82 Street Address (P.O. Box Number is Not Acceptable)  
9103 NW 105th Way  
83  
84 City Medley FL 85 Zip Code 33178

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. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME STEAD, MALCOLM J  
STREET ADDRESS 297 SUNNY ISLES BOULEVARD  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE D  
NAME RAUTENBACH, RETIEF  
STREET ADDRESS 297 SUNNY ISLES BOULEVARD  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME STEAD, ASTRID L  
1.3 STREET ADDRESS 9103 NW 105th Way  
1.4 CITY-ST-ZIP MEDLEY FL 33178

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE (Typed or Printed Name of Signing Officer or Director)

4/16/99

805 8827070

Date

Daytime Phone #

0232195

CR2E034 (1/98)