## 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 # DOO

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90077 048 \*\*\*150.00

1. Corporation	IS STUCCO, INC.	UUD	515/							
			:::							
Principal Place of Business Mailing Address										
3338 KNIGHTSBRIDGE RD. 3338 KNIGHTSBRIDGE RD. ORLANDO FL 32818 ORLANDO FL 32818										
OHERINDO TE S	2010	0111	CHILDO IL GEOTO				DO NOT WRITE IN TH	IS SPAC	E	
	,						3. Date Incorporated or Qualifed 07/31/1998			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI_Number_		Ар	plied For
21		26					59-3528060			t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		_		5. Certifcate of Status Desired	• -		dditional quired
City & State	Ð	28	City & State			_	6. Election Campaign Financing Trust Fund Contribution			May Be o Fees
Zip	Country		Zip	Counti	ry		8. This corporation owes the current year			
24	25 29		30	-		Personal Property Tax. Yes No				
	9. Name and Address of Curre		ered Agent				10. Name and Address of New Registere	d Agent		
				8	1	Name				ļ
WILLIAMS, GLEN ROY 3338 KNIGHTSBRIDGE RD.				8	2	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32818			8	3					
				8	4	City	F	85	Zip C	Code
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florid	a. Such change was a	iuthorized b	IV II	named corpo he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of chang ointment	ing its as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if	applicable (NOTE	: Registered Ag	ent s	signature required	d when reinstating) DATE			
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D		☐ DELETE	1.1 TITLE		Ì			range	Addition
NAME	WILLIAMS, GLEN ROY			1.2 NAME						
STREET ADDRESS	3338 KNIGHTSBRIDGE RD.					ADDRESS				Ì
CITY-ST-ZIP	ORLANDO FL 32818		☐ DELETE	1,4 CITY-	_	ZiP			nange	Addition
TITLE			C Deceie	2.1 TITLE 2.2 NAME						
NAME				8		ADDRESS				
STREET ADDRESS				2.4 CITY		l				
CITY-ST-ZIP TITLE			☐ D£LETE	3.1 TITLE		-ZIP			nange	☐ Addition
NAME				3.2 NAME		1				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4. CITY	-ST-	-ZIP				
TITLE		<del></del>	☐ DELETE	4.1 TITLE					nange	☐ Addition
NAME	1			4, 2 NAM	E					
STREET ADDRESS				4.3 STRE	ETA	ADDRESS				
CITY-ST-ZIP				4.4 CITY-	-ST-	ZIP				
TITLE			☐ DELETE	5.1 TITLE				C	hange	☐ Addition
NAME				5.2 NAM		}				1
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY		ZIP				FT A 2400 -
uire	†		☐ DELETE	6.1 TITLE		İ		ЦС	hange	Addition
NAME				6.2 NAME						İ
STREET ADDRESS						ADORESS				
CITY-ST-ZIP	<u> </u>		··	6.4 CITY			Section 119 07(3)(i) Florida Statutes I further			

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 informati 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.