PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074619

THE STONEHEDGE GROUP, INC. - II

Mailing Address Principal Place of Business The Stonehedge Group, Inc. The Stonehedge Group, Inc.

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90135 017 ***150.00

3974 Tan	npa Road, Suite B	3974 Tampa Road, Suite B			DO NOT WRITE IN THIS SPACE					
Oldsmar, FL 34677 Oldsmar, FL 3467			1			3. Date incorpora	ed or Qualifed			
						08/26/1998				
2. Principal P	Place of Business	2a. Mailing Address				FEI Number	9497	1,48		plied For
25		26				3 1	<u> </u>	1 1 0		ot Applicable Additional
Suite, Apt. #, etc. Suite. Apt. #, etc.						5. Certificate of St.	atus Desired		Foo Re	
12		City & State				6. Election Campa	ion Elnancina			May Be
City & State	10	28				Trust Fund Cor	-			to Fees
Zip	Country	Zip	Coun	itry		8. This corporatio		rent year Inta	ngible .	\sim
24	25	<u>-</u>	30			Personal Prope	rty Tax.		☐Yes	Z 10°
<u></u>	9. Name and Address of Current	_ L				10. Name and Ad-	iress of New	Registered /	Agent 🗸	
				81	Name					
CUCINIELLO, JOSEPH					Street Addre	ss (P.O. Box Number	is Not Accep	table)		
25400 U.S. 19 NORTH SUITE 254			L							
CLEA	ARWATER FL 33763		İ	83						
		•	-	84	City				85 Zip	Code
	·			1			-t	F L	changing its	maistered
Office of f	to the provisions of Sections 607.0502 registered agent, or both, in the State of	PIONOBI, SUCH CHANGE WAS AU	111011200	Uy t	no corporation	n's board of directors	hereby acce	ept the appoir	tment as re	gistered
agent. I a	ım tamıllar with, end accept the obligation	ous bit zecnoji en roznat Lidin	da Statu	tes.	* * * * * * * * * * * * * * * * * * *		Y .			
SIGNATURE	11:	cost, of description of the cost of the co	Paragraph A	Logoni	alemature required	when telestand)		DATE	MENTAL TO G	3 11 44
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.***			ADDITIONS/CH.	ANGES TO O	FFICERS AN		
TITLE	1	DELETE	1.1 TM	LE		reasurer			C hange	Addition
NAME	President		1.2 NA	ME	· -					
STREET ADDRESS	Joseph Cuciniel	lo	13 STF	ŒET	address J	oseph Cuc	ciniel.	TO		
CITY-ST-ZIP	3974 Tampa Road	<u>, Suite B</u>	1.4 CIT	Y-ST	-ze 3	974 Tampa	Roa (d, Sui	te B	Addition
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HAME			2.2 NA		-					
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STREET ADDRESS					ADORESS					
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NAME	1				ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1		44 CIF							
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STREET ADORESS			53 STF	REET	ADDRESS				•	
CITY-ST-ZIP	1		5.4 C/T		-20-				-=:	g=19 x 2.10c
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CUTY FT THE		-	6.4 CIT	Y-ST	-ZIP					<u> </u>

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 any stachment with any address, with all other like empowered.