

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90005 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 99000007938 1. Corporation Name Stonehart Properties, Inc.

Principal Place of Business P.O. Box 2708 Orlando, FL 32802	Mailing Address P.O. Box 2708 Orlando, FL 32802
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified JAN 22, 1999	4. FEI Number 59-3559315
Applied For <input type="checkbox"/> Not Applicable	

2. Principal Place of Business 21 380 South State Rd 434 Suite, Apt. #, etc. 22 Suite 1004-240 City & State 23 Altamonte Springs, FL Zip Country 24 32714 25 USA	2a. Mailing Address 26 380 South State Rd 434 Suite, Apt. #, etc. 27 Suite 1004-240 City & State 28 Altamonte Springs, FL Zip Country 29 32714 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent Margaret E. Lederer 800 West Forestbrook Rd Maitland, FL 32751

10. Name and Address of New Registered Agent 81 Name MARGARET E. LEDERER 82 Street Address (P.O. Box Number is Not Acceptable) 380 South State Rd 434, Suite 1004-240 83 84 City Altamonte Springs FL 85 Zip Code 32714

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 Margaret E. Lederer MARGARET E. LEDERER 4/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	Robin Brooks
STREET ADDRESS	P.O. Box 2708
CITY-ST-ZIP	Orlando, FL 32802
TITLE	VSTD <input type="checkbox"/> DELETE
NAME	MARGARET E. LEDERER
STREET ADDRESS	P.O. Box 2708
CITY-ST-ZIP	Orlando, FL 32802
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robin Brooks
1.3 STREET ADDRESS	380 South State Rd 434, Suite 1004-240
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
2.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARGARET E. LEDERER
2.3 STREET ADDRESS	380 South State Rd 434, Suite 1004-240
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Margaret E. Lederer MARGARET E. LEDERER 4/10/01 209 5570130
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)