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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

•	JAL REPORT 1997	Secretary DIVISION OF C		Secreta	ary of State
	MENT # S01196 STEMS, INC.	(2)			NAMERIKA KARIFARAN BARIKA
Principal Place	o of Business	Mailing Address			ANN BARN OLAN OLON BIRA BIRA (BO)
11930 RACETRA TAMPA FL 3362 US	ACK RD	11830 RACETRACK RD TAMPA FL 33626-3107 US			
				3. Date Incorporated or Qualified 09/17/1990	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3038543	Applied For Not Applicable
Suite, Apt	#, etc	Sude, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25		30		Yes No
THE STATE OF THE S	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
	LER, JEFFREY M. N. TAMBA ST				
100 N TAMPA ST TAMPA FL 33602			82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)
*******			63		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the p	urpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblid	of Florida, Such change was a ations of Section 607,0505. Flo	uthorized by the corporation of	tion's board of directors. I hereby accept	t the appointment as registered
SIGNATURE	The transfer of the transfer o				
	Signature, typed or protect came of registered age		Registered Agent signature requi		DATE
12.	PD OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HOUSEWRIGHT, A. L.		1.2 NAME		
STREET ADDRESS	5079 CROSS POINTE E DR		1.3 STREET ADDRESS		
CITY-SI-ZIP	OLDSMAR FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	2 4 CHTY-ST-ZIP 3.1 THLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		[] DELETE	4.1 TITLE		L Change L Addition
NAME STORET ADDAMSS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS  CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE	The second secon	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIF		PELETE	5 4 CITY- ST-ZIP	,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone I suite-
TITLE		DELETE	61 TITLE		Change Addition
NAME CIDEET ADDOCCC			6 2 NAME		
STREET ADDRESS   City-St-7id			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<b>14.</b> I do herel	by certify that the information supplie	d with this filing does not qualif	y for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
Lam an o	ori indicated on this annual report or s ifficer or director of the corporation of in Block 12 or Block 13 if charged, o	the receiver of trustee empower	ered to execute this repo	t my signature shall have the same lega rt as required by Chapter 607, Florida S	i errect as it made under oath; that tatutes; and that my name

**FILED** 

Jan 27 1997 8:00am