## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE: \_\_\_

1	1996		5/	DIVISION OF CORPORATIONS						
DOCUM 1. Corporation		S1570	1	(3)						
STONE	HEARTH HO	OMES, INC.						•		
Principal Place of	of Business		Maili	ng Address	<del></del>		- 	FERN DESERTATION FRANCIS	IION BIĐN DI	811 81811 81814 1861
524 ST. LUCIE		52	4 ST. LUCIE CRESC	ENT						
#307 STUART FL 34994				#307 Stuart Fl 34994						
51UARI FL 34994		GIUNNI PE 04304				3. Date incorporated or Qualified 3a. Date of Last F 12/03/1990 10/05/19				
2. Principal Plac	ce of Business		2a. 1	Aailing Address		** ** **	4. FEI Number		10,00, 1	Applied For
21 232	Honte	rey Ave	26	PO BA	: 41		65-0239668			Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🔲	•	75 Additional e Required
City & State				City & State			6. Election Campaign Finar	ncing		.00 May Be
23 5400	v+ <u>T</u>	<u> </u>	28	Stuart	下		Trust Fund Contribution		Ad	ded to Fees
Zip 24   3499	96 25	Country	29	<sup>™</sup> 34995	Country USA		<ol> <li>This corporation has liab Florida Statutes</li> </ol>	ility for intangible ☑ Yes ☐ No	tax under	s 199.032,
24 25 1		Address of Current			130 034		10. Name and Address of		d Agent	
				<u>-</u>	81 Na					
	Y, SUSAN H				<b>82</b> Str	eet Addre	ss (P.O. Box Number is Not A	ceptable)		
	Lucie Cresc	CENT			83	232	Monteur ey	AVE		
#307 CTUADT	El 24004				63					
STUART	FL 34994				<b>B4</b> Oit	<sup>y</sup> ح	tuart	F	85	Zip Code
11. Pursuant to	the provisions	of Sections 607.0502	and 607.	1508, Florida Statut	es, the above-name	d comora	tion submits this statement for	the nuroose of o	hanoino it	s registered office
or registere familiar with	ed agent, or both n, and accept th	n, in the State of Floric e obligations of, Section	a. Such d on 607.05	change was authoriz 505, Florida Statutes	ed by the corporations.	on's board	of directors. I hereby accept	ne appointment	as registei	red agent. I am
SIGNATURE							- <b></b>			
12.	Signature typed or prin	of FICERS AND			TE Registered Agont signa	fore required	ADDITIONS/CHANGES	TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PSD			☐ DELETE	1. 1 TITLE				Chang	
NAME	O'GRADY,				1.2 NAME	_		Λ. ۵۰		
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TITLE NAME				☐ DELETE	2.1 TITLE 2.2 NAME				[] Chang	je 🔲 Addition
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NAME					3.2 NAME					
STREET ADDRESS					3.3. STREET ADDR	RESS				
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CiTY-\$1-ZiP					4.4 CITY - \$T - ZIP					
TITLE				☐ DELETE	5. 1 TITLE				Chang	ge   Addition
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CITY-ST-ZIP TITLE				[ ] DELETE	5 4 CITY - ST - ZIP 6 1 TITLE				Chang	ge 🔲 Addition
NAME					62 NAME					<del>-</del> -
STREET ADDRESS					6.3 STREET ADDR	ESS				
CITY+ST-ZIP					6 4 C (TY - ST - Z)P				F. 15 F.	
continue that	the information	indicated on this annu-	al report	or supplemental and	rual recort is true ar	id accurat	r the exemption stated in Sect e and that my signature shall h	iave the same led	oal effect a	as if made under
oath; that i	i am an officer o	r director of the corpo ck 13 if changed, or c	ration or t	the receiver or truste	ee empowered to ex	ecute this	report as required by Chapter	607, Florida Sta	tutes; and	that my name