

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S20325 (4)

1. Corporation Name  
STAMEY SYSTEMS, INC.



Principal Place of Business  
X 3015 W. BOYNTON BLVD  
SUITE 400  
BOYNTON BEACH, FL 33437

Mailing Address  
X 1100 S. FEDERAL HWY  
SUITE 4  
BOYNTON BEACH, FL 33435

2. Principal Place of Business  
21 7350 102ND PL S

Suite, Apt. #, etc.

22 City & State  
23 Boynton Beach, FL

Zip

Country

24 33437

25 USA

2a. Mailing Address

26 1100 S Fed Hwy

Suite, Apt. #, etc.

27 Suite 4

City & State

28 Boynton Beach, FL

Zip

Country

29 33435

30 USA

3. Date Incorporated or Qualified  
12/20/1990

3a. Date of Last Report  
04/18/1996

4. FEI Number  
65-0232525

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

X 3015 W. BOYNTON BLVD  
SUITE 400  
BOYNTON BEACH, FL 33437

RESIGNED 4/1/97

10. Name and Address of New Registered Agent

81 Name  
E. T. STAMEY

82 Street Address (P.O. Box Number is Not Acceptable)

83 7350 102ND PL S

84 City  
Boynton Beach

FL

85 Zip Code  
33437

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STAMEY, E T	
STREET ADDRESS	7350 102ND PL S	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	STAMEY, MARLIN	
STREET ADDRESS	7350 102ND PL S	
CITY-ST-ZIP	BOYNTON BCH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE

CR2E034 (9/96)