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APPROVED AND FILED

95 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S31896** (1)
1. Corporation Name
STAMCO ENTERPRISES, INC.

Principal Place of Business: **2550 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409**
Mailing Address: **2550 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0240852**
Applied For: 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 § 100.032 Florida Statutes: Yes No

2. Principal Place of Business: **21 250 - CHINA**
26. Mailing Address: **26 250 - CHINA**
22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State:
28. City & State:
24. Zip: **25** Country:
29. Zip: **30** Country:

9. Name and Address of Current Registered Agent
**STAMMBERGER, JOHN E.
2550 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent
B1 Name: **250 - CHINA**
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 Zip Code:

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: _____ DATE: _____
(Signature based on printed name of registered agent, and that of agent) (Registered Agent signature required when new listed)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | D |
| NAME | STAMMBERGER, JOHN E. |
| STREET ADDRESS | 2550 OKEECHOBEE BLVD. |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this principal 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 of this filing or on an attachment with an address.

SIGNATURE: **JOHN E. STAMMBERGER - PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 407 697-2280
Date Digitized