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

PROFIT CORPORATION ANNUAL REPORT 1992



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATIONS								Secretary of State					
DOCUI 1. Corporation	n Name	# S558 STEMS GROUP		(5)		·							
175 4111		oremo anodi	,										
Principal Place of Business Mailing Address .									MI MISMS MEILMI BAB	BI IIDII BIB1 BIDII	E DINGI OLDIL DIDIR DI	E	
238 N. WESTMONTE DR. 238 N. WESTMONTE DR.													
#101 #101 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714									DO NO	WRITE IN T	HIS SPACE		
US US							t	3. Date Incorp	orated or Qu	ualified			
								05/24/19	991				
2. Principal P	lace of Busi	ness	2a. Mai	2a. Mailing Address				4. FEI Numbe		•	A	pplied For	
21			26					59-306	8899			ot Applicable	
Suite, Apt. #, etc. Suite, Apt.					etc.			5. Certificate	of Status Des	ired 🔲		Additional lequired	
City & State	е		City	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			Zip		Country		8. This corporation owes or has paid the current/year Intangible					
24		25	29	29 30 30 Registered Agent			Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent					□ No	
90		•	rent Hegistered	Agent		31 Name		10. Name and	Address of	ivew register	red Agent		
BRINKMAN, DAVID W. 238 N. WESTMONTE DR.													
SUITE 101						32 Street	Address	s (P.O. Box Nun	noer is Not A	cceptable)			
ALTAMONTE SPRINGS FL 32714						33							
						34 City				_	 85 Zip	Code _	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.											-L ` `	ļ	
11. Pursuant to	to the provis	sions of Sections 607.0 sent, or both, in the St	0502 and 607.15 ate of Florida. S	508, Florida Statui uch change was	tes, the abo authorized	ove-named by the con	corpora poration	ation submits th 's board of dire	is statement ctors. I hereb	for the purpos	se of changing appointment as	its registered s registered	
agent. I a	m familiar w	ith, and accept the ob	ligations of, Sec	tion 607.0505, Fi	orida Statu	tes.				,	,,		
SIGNATURE	Signature types	or printed name of registered	agent and title if apol	Icabie. (NO)	E: Registered	Agent signature	required y	vhon reinstating)		DA	TE		
12.	organica et appea		AND DIRECTOR		13.				CHANGES TO		AND DIRECTO	RS IN 12	
TITLE	DΡ			☐ DELETE	1.1 ATL	E					Change	Addition	
NAME		, DALE W.			1.2 NAM	4E							
STREET ADDRESS	LONOWOOD EL			1						~~~	20		
CITY-ST-ZIP	DST	OUD FL		DELETE		-ST-ZIP	LC	146M001	U, FL	361	Change	Addition	
TITLE NAME		IAN, DAVID W.		□ Defeie	2.1 TITL 2.2 NAM						Elfa) Change	☐ Your	
STREET ADORESS		ENLYN CT				EET ADDRESS							
CITY-ST-ZIP	ORLANI					Y-ST-ZIP	OR	بمحاص	FL	3250	9		
TITULE		•		☐ DELETE	3.1 TITL		747.03	 			Change	Addition	
NAME					3.2 NAM	IE							
STREET ADDRESS					3.3 STR	EET ADDRESS							
CITY-ST-ZIP			···-	1 loorer		Y-ST-ZIP					- Ohanan	Addition	
TITLE				☐ DELETE	4,1 TITL						L Change	Addition	
NAME					4. 2 NA								
STREET ADDRESS CITY-ST-ZIP						EET AODRESS '- ST- ZIP							
TITLE				☐ DELETE	5.1 TITL						☐ Change	Addition	
NAME					5.2 NAM	15							
STREET ADDRESS					5.3 STR	EET ADDRESS							
CMY-ST-ZIP					5.4 CITY	'-ST-ZIP							
TITLE				DELETE	6.1 TITL						L. Change	Addition	
NAME STREET ADDRESS					6.2 NAM								
						eet address .							

14. I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if change in the corporation of the corporation block 12 or Block 13 if change in the corporation block 12 or Block 13 if change in the corporation block 12 or Block 13 if change in the corporation block 12 or Block 13 if change in the corporation block 14 or Block 14 or Block 15 or Block upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information polymer that 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an additional with an address.

1/6/98

407/774-4500

FILED

Jan 16 1998 8:00am