SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

S57238

(5)

DAVID W. STONE CUSTOM FINISHES, INC.

| 70   | Mailing Address   |  |  |   | ) <b>9</b> 1911 91911 31911 91911 91911 91911 1991                                       |
|--|---|--|--|---|--|
| This part does or passives   |   |  |  |   |  |
| 181 ISLAND WAY<br>W PALM BEACH FL 33413  | 181 ISLAND WAY<br>W PALM REACH FL   | 181 ISLAND WAY W PALM BEACH FL 33413 US  2a. Mailing Address   |  |   |  |
| US   |   |  |  | 3. Date Incorporated or Qualified 06/03/1991      | 3a. Date of Last Report 04/14/1995   |
| 2. Principal Place of Business   | 2a. Mailing Address   |  |  | 4, FEI Number                                     | Applied For Not Applicab   |
|  | 26  |  |  | 65-0317668  | \$8.75 Additional  |
| Suite, Apt. #, etc   | Suite, Apt #, etc.  |  |  | 5. Certificate of Status Desired                  | Fee Required   |
| City & State   | City & State  |  |  | 6. Election Campaign Financing                    | \$5.00 May Be  |
| 3  | 28  |  |  | Trust Fund Contribution                           | Added to Fees  |
| Zip Country  | Zip   | Coun   | try  | 8. This corporation has hability for i            | ntangible tax under s. 199.032,<br>Yes   No  |
| 25   | 29  | 30   |  | Florida Statutes  10. Name and Address of New Re  | ·  |
| 9. Name and Address of   | Current Registered Agent  |  | Name   | TO. Traine and Traine                             |  |
| STONE, DAVID W.  |   | ļ.   |  | (DO Flav Number is Not Acceptab                   | lo)  |
| 181 ISLAND WAY   |   | 82 Street Ac   |  | ress (P.O. Box Number is Not Acceptab             | ····   |
| W PALM BEACH FL 33413  |   | ļī   | B3   |   |  |
|  |   | Ì.   | B4 City  |   | 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 6   |   |  | '  | _   | FL   |
| Office of registered agent, or both, in the  | ie State of Florida Cadil ondinge .   |  | .,   | on's board of directors. I hereby accept          |  |
| agent I am familiar with, and accept th  | ne obligations of, Section 607.000  | o, rionda otatut   | es.  Agent signature requi   | red when reinstating)                             | DAIŁ   |
| agent I am familiar with, and accept this<br>SIGNATURE Signature typed or proted name of regi  | ne obligations of, Section 607.000  | o, rionda otatut   |  | red when reinstating) ADDITIONS/CHANGES TO OFFICE | CERS AND DIRECTORS IN 12   |
| agent I am familiar with, and accept the SIGNATURE Signature is ped or protect name of region OFFICE   | istered agent and title if applicable   | (NOTE Registered   | Agent signature requi  | red when reinstating) ADDITIONS/CHANGES TO OFFICE | CERS AND DIRECTORS IN 12   |
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**SIGNATURE:** 

THE PEGGYMSTOVE 7/9/94 4076861720

CR2E034 (3/96)