

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

FILED

Jan 22 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S67893

(5)

1. Corporation Name

STICKS 'N STONES, INC.

Principal Place of Business

4803 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417

Mailing Address

4603 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417-4823

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

3. Date Incorporated or Qualified

07/18/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0275441

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☒ No ☐

9. Name and Address of Current Registered Agent

WEAVER, RICHARD L.  
4603 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name

LOUIS DICAMPLI

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

4603 OKEECHOBEE BLVD.

83

84 City

WEST PALM BEACH, FL 33417 FL

85 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 607.0509, Florida Statutes.

SIGNATURE

LOUIS DICAMPLI

1/13/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETENAME WEAVER, RICHARD L.  
STREET ADDRESS 4603 OKEECHOBEE BLVD.  
CITY - ST - ZIP WEST PALM BEACH FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PST ☐ Change ☒ Addition1.2 NAME LOUIS DICAMPLI  
1.3 STREET ADDRESS 4603 OKEECHOBEE BLVD.  
1.4 CITY - ST - ZIP WEST PALM BEACH, FL 334172.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS DiCampli

Date

Daytime Phone

(561)  
686-4127

CR2E034 (9/96)