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Jan 22 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 # S67893 (5)  
1. Corporation Name  
STICKS 'N STONES, INC.



Principal Place of Business Mailing Address  
4803 OKEECHOBEE BLVD. 4603 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417-4823

3. Date Incorporated or Qualified 07/18/1991  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
4. FEI Number 65-0275441 Applied For Not Applicable

22 City & State 27 City & State  
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 [Signature] LOUIS DICAMPLI x 1/13/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WEAVER, RICHARD L.	1.1 TITLE	D PST
NAME	WEAVER, RICHARD L.	1.2 NAME	LOUIS DICAMPLI
STREET ADDRESS	4603 OKEECHOBEE BLVD.	1.3 STREET ADDRESS	4603 OKEECHOBEE BLVD.
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	WEST PALM BEACH, FL - 33417
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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] LOUIS DiCampli x 1/13/97 (561) 686-4127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)