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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S94446** **(9)**

1. Corporation Name

S.T.P.A. NORTH, INC.

Principal Place of Business	Mailing Address
1771 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304	1771 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **11/15/1991**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0299264** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 20423 State Rd 7
Suite, Apt. #, etc.: F 10
23: Boca Raton FL
24 Zip: 33498
25 County: Palm Beach

2a. Mailing Address
26: 20423 State Rd 7
Suite, Apt. #, etc.: 27: F 10
28: Boca Raton FL
29 Zip: 33498
30 County: Palm Bch

9. Name and Address of Current Registered Agent

RUDD, JAMES D
1771 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: Thomas Wallis
82 Street Address (P.O. Box Number is Not Acceptable): 20423 State Rd 7
83: F # 10
84 City: Boca Raton FL 85 Zip Code: 33498

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: Thomas Wallis — Thomas Wallis (Name of Registered Agent typed or printed) — 5/15/96 (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLIS, TOM 1771 E. SUNRISE BLVD. FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D WALLIS, TOM 20423 State Rd 7 / F 10 BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLIS, DENISE 1771 E. SUNRISE BLVD. FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D WALLIS, DENISE 20423 State Rd 7 / F 10 BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Thomas Wallis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/15/1996 — Daytime Phone #: 407-453-2911