

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03060**

Corporation Name

STUART FINANCIAL GROUP OF FLORIDA, INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 007 ***150.00



Principal Place of Business
POSITIVE PLANNING, INC.
000 SE FEDERAL HWY. SUITE 303
STUART FL 34997
US

Mailing Address
7000 SE FEDERAL HWY. SUITE 303
STUART FL 34997
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1991

Principal Place of Business
Stuart Financial Group
Suite, Apt. #, etc. **of Florida, Inc.**
City & State
Zip **25** Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip **29** Country **30**

4. FEI Number
65-0303239
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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIRAS, JAMES P
7000 S E FEDERAL HWY, STE 303
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name **James P. Chiras**
82 Street Address (P.O. Box Number is Not Acceptable)
7000 SE Fed. Hwy. Ste. 303
83
84 City **Stuart FL 34997 FL** 85 Zip Code **34997**

I. 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 **President** **6/30/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

1. NAME	P <input type="checkbox"/> DELETE
2. NAME	CHIRAS, JAMES P
3. STREET ADDRESS	8397 SE COCONUT STREET
4. CITY-ST-ZIP	HOBE SOUND FL
5. NAME	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I 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 REQUIRED **6/30/99**

Date Daytime Phone #

(561) 221-7933

0110556

CR2E034 (5/99)



**Stuart
Financial
Group**
OF FLORIDA, INC.

7000 SE Federal Highway
Suite 303
Stuart, Florida 34997
561-221-7933 • Fax 561-221-8062
Toll Free 1-800-945-4774

S83421-90016-7
N03060



James P. Chiras
President

June 30, 1999

Florida Dept. of State
Katherine Harris
Secretary of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: FEI #: 65-0303239
Corporation Name: Stuart Financial Group of Florida, Inc.

To Whom It May Concern:

Today we received in the mail 2nd Notice for 1999 Profit Corporation Annual Report Packet. We did not receive your 1st Notice. I called your office to inform you and was told to write a letter stating this. We were informed you would consider waiving the penalty with this letter.

I am enclosing a check in the amount of \$150.00.

Thank you for your attention to this matter.

Sincerely,


James P. Chiras, CFP

JPC:dd

enclosure



Securities offered through Tower Equities, Inc.
Member NASD, MSRB, & SIPC
James P. Chiras, Registered Representative

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Pays Off!™**