FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:24

DOCUMENT # V12771 (4)

1. Corporation Name
STEPHEN/ACKLEY EQUITIES, INC.

Principal Place of Business	Mailing Address
7801 SADDLEBROOK DRIVE PORT ST. LUCIE FL 34986	7801 SADDLEBROOK DRIVE PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 2172 RESERVE PARK	26 2172 RESERVE PARK
22 Suite, Apt. #, etc. TRACE	27 Suite, Apt. #, etc. TRACE
23 City & State PORT ST. LUCIE, FL	28 City & State PORT ST. LUCIE, FL
24 Zip 34986 / 25 Country	29 Zip 34986 / 30 Country

4. FEI Number: ~~14-0000635~~ 65-0310834 ☐ 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

9. Name and Address of Current Registered Agent

NOBLE, ROBERT A.
7801 SADDLEBROOK DRIVE
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2172 RESERVE PARK TRACE
83
84 City PORT ST. LUCIE, 85 FL Zip Code 34986

11. Pursuant to the provisions of Section 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 X [signature] Pres. May 14, 95
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	KANEB, MARK S.	1.2 NAME	
STREET ADDRESS	83 BURNS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEACONSFIELD, QUEBEC, CANADA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	POHL, JOHN B.	2.2 NAME	
STREET ADDRESS	22 SUNSET DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN FALLS NY 12804	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	NOBLE, ROBERT A.	3.2 NAME	
STREET ADDRESS	9659 FAIRWOOD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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 addition.

SIGNATURE: X [signature] Pres. May 14, 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

1-800-822-8287
Daytime Phone #

0384000 CP