

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V12771 (4)

1. Corporation Name

STEPHEN/ACKLEY EQUITIES, INC.



Principal Place of Business

2172 RESERVE PARK
PORT ST. LUCIE FL 34906
US

Mailing Address

2172 RESERVE PARK TRACE
PORT ST. LUCIE FL 34906
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 9659 FAIRWOOD COURT
City & State
23 PORT ST. LUCIE, FL
Zip Country
24 34986 25 US
26 Suite, Apt. #, etc.
27 9659 FAIRWOOD COURT
City & State
28 PORT ST. LUCIE, FL
Zip Country
29 34986 30 US

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

03/24/1995

4. FEI Number

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.
2172 RESERVE PARK TRACE
PORT ST. LUCIE FL 34906

10. Name and Address of New Registered Agent

81 Name
NOBLE, ROBERT A.
82 Street Address (P.O. Box Number is Not Acceptable)
9659 FAIRWOOD COURT
83
84 City
PORT ST. LUCIE FL 85 Zip Code
34986

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
KANE, MARK S.
83 BURNS STREET
BEACONSFIELD, QUEBEC, CANADA
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
POHL, JOHN B.
22 SUNSET DR.
GLEN FALLS NY 12804
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
NOBLE, ROBERT A.
9659 FAIRWOOD CT.
PORT ST. LUCIE FL 34986
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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

DATE

CR2E034 (12/95)