

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34986 US**  
Mailing Address: **2172 RESERVE PARK TRACE PORT ST. LUCIE FL 34986 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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 <b>9659 FAIRWOOD COURT</b>	27 <b>9659 FAIRWOOD COURT</b>
23 <b>PORT ST. LUCIE, FL</b>	28 <b>PORT ST. LUCIE, FL</b>
24 Zip: <b>34986</b>	29 Zip: <b>34986</b>
25 Country: <b>US</b>	30 Country: <b>US</b>

**9. Name and Address of Current Registered Agent**

**NOBLE, ROBERT A.  
2172 RESERVE PARK TRACE  
PORT ST. LUCIE FL 34986**

**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 City: **PORT ST. LUCIE** FL 85 Zip Code: **34986**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0515, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature (typed or printed name) of registered agent and title if applicable: \_\_\_\_\_  
NOT: Registered Agent signature required when filing.

**12. OFFICERS AND DIRECTORS**

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

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, for on a attachment with an address

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_

*[Date]* **4/27/96** 3335  
Daytime Phone #

CR2E034 (12/95)