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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
9659 FAIRWOOD COURT PORT ST. LUCIE FL 34986 US	9659 FAIRWOOD COURT PORT ST. LUCIE FL 34986-3250 US

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 03/27/1996
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	26
Suite, Apt. #, etc. 22 9659 FAIRWOOD COURT	Suite, Apt. #, etc. 27 9659 FAIRWOOD COURT
City & State 23 PORT ST. LUCIE, FL	City & State 28 PORT ST. LUCIE, FL
Zip 24 34986 Country 25 US	Zip 29 34986 Country 30 US

9. Name and Address of Current Registered Agent

NOBLE, ROBERT A.
9658 FAIRWOOD COURT
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
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] President 3-14-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	☐ DELETE
NAME	KANEB, MARK S.	
STREET ADDRESS	83 BURNS STREET	
CITY-ST-ZIP	BEACONSFIELD, QUEBEC, CANADA	
TITLE	SD	☐ DELETE
NAME	POHL, JOHN B.	
STREET ADDRESS	22 SUNSET DR.	
CITY-ST-ZIP	GLEN FALLS NY 12804	
TITLE	PD	☐ DELETE
NAME	NOBLE, ROBERT A.	
STREET ADDRESS	9659 FAIRWOOD CT.	
CITY-ST-ZIP	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		

CR2E034 (9/96)

14. I do 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: X [signature] Pres. 3-14-97 561-411-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475001