

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90061 027 ***158.75

DOCUMENT # V12771

1. Corporation Name

STEPHEN/ACKLEY EQUITIES, INC.

Principal Place of Business

5659 FAIRWOOD COURT
PORT ST. LUCIE FL 34986
46-

Mailing Address

43 CHIPMUNK CROSSING DRIVE
TINMOUTH VT 05773-1119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

65-0310834

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 Tax.

□ Yes

□ No

2. Principal Place of Business

21 43 CHIPMUNK CR. DR.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 TINMOUTH

Suite, Apt. #, etc.

27

City & State

23 VERMONT

City & State

28

Zip

24 05773-1119

Country

25 RUTLAND

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NOBLE, ROBERT A.
5659 FAIRWOOD COURT
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name

THOMAS W. WACKEN

82 Street Address (P.O. Box Number is Not Acceptable)

1100 SOUTH FEDERAL HIGHWAY

83

STUART

84 City

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
KANER, MARK S.
83 BURNS STREET
BEAconsfield, QUEBEC, CANADA

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
PORL, JOHN B.
22 SUNSET DR.
GLEN FALLS NY 12804

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
NOBLE, ROBERT A.
5659 FAIRWOOD CT.
PORT ST. LUCIE FL 34986

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD NOBLE, ROBERT A JR.

43 CHIPMUNK CR. DR.

TINMOUTH, VT 05773-1179

VD/S

NOBLE, ROBERT A III

43 CHIPMUNK CR. DR.

TINMOUTH, VT 05773-1119

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

April 1, 99

802-446-3587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)