


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90117 017 ***150.00



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|---|-----------------------------|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # V16499 1. Corporation Name PAUL STICHTER ENTERPRISES, INC. | | | | | |
| Principal Place of Business 11039 NW 9TH COURT PLANTATION FL 33324 US | | | Mailing Address 11039 NW 9TH COURT PLANTATION FL 33324 US | | |
| 2. Principal Place of Business 21 12300 NW 26 ST Suite, Apt. #, etc. 22 City & State 23 PLANTATION, FL Zip 24 33323 | | 2a. Mailing Address 26 12300 NW 26 ST Suite, Apt. #, etc. 27 City & State 28 PLANTATION, FL Zip 29 33323 | | Country 30 USA | |
| 9. Name and Address of Current Registered Agent STICHTER, PAUL 11039 NW 9TH COURT PLANTATION FL 33324 | | | 10. Name and Address of New Registered Agent 81 Name STICHTER, PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 12300 NW 26 ST 83 84 City PLANTATION FL 85 Zip Code 33323 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PC | <input type="checkbox"/> DELETE | | | |
| NAME | STICHTER, PAUL | | | | |
| STREET ADDRESS | 11039 NW 9TH COURT | | | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | | | | |
| 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 | | | | | |
| 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 | P/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | STICHTER, PAUL | | | | |
| 1.3 STREET ADDRESS | 12300 NW 26 ST | | | | |
| 1.4 CITY-ST-ZIP | PLANTATION, FL 33323 | | | | |
| 2.1 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 2.2 NAME | JUDY STICHTER | | | | |
| 2.3 STREET ADDRESS | 12300 NW 26 ST | | | | |
| 2.4 CITY-ST-ZIP | PLANTATION, FL 33323 | | | | |
| 3.1 TITLE | TV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 3.2 NAME | DRIAN STICHTER | | | | |
| 3.3 STREET ADDRESS | 12300 NW 26 ST | | | | |
| 3.4 CITY-ST-ZIP | PLANTATION, FL 33323 | | | | |
| 4.1 TITLE | TV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 4.2 NAME | KEVIN STICHTER | | | | |
| 4.3 STREET ADDRESS | 12300 NW 26 ST | | | | |
| 4.4 CITY-ST-ZIP | PLANTATION, FL 33323 | | | | |
| 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 | | | | | |

SIGNATURE: _____

PAUL STICHTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99
Date

(954) 916-9270
Daytime Phone #

CR2E034 (11/98)

0304240