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	Mailing Address
11039 NW 9TH COURT	11039 NW 9TH COURT
DIANTATIONI EL 22224	DI ANTATIONI EL 22224

May 07, 1999 8:00 am Secretary of State

05-07-1999 90117 017 ***150.00



11039 NW 9TH		DIANTATION EL 22224			
PLANTATION FL 33324		PLANTATION FL 33324 US		DO NOT WRITE IN	THIS SPACE
03		00		3. Date Incorporated or Qualifed	
				02/24/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	NW Z6 ST		26 ST	65-0335468	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	_	\$8.75 Additional
22	, 0.00	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e , ,	City & State		6. Election Campaign Financing	\$5.00 May Be
23 KLANT		28 FLANTATION	, PL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible
24 3332	23 25 USA	29 33323	30 VJA	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name	STICATER PAUL	
	CHTER, PAUL		82 Street	Address (P.O. Box Number is Not Acceptable)	
	39 NW 9TH COURT			2300 NW ZG ST	
PLA	NTATION FL 33324		83		
[84 City	LANTATION	FI 85 33327
11 Durauant	to the provisions of Sections 607 0	502 and 607 1508 Florida Statute	s the above named	corporation submits this statement for the purpo	ose of changing its registered
l office or n	egistered agent, or both, in the Stat	le of Florida. Such change was au	ithorized by the corp	oration's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE				equited when reinstating) DA	TE
	Signature, typed or printed name of registered a	y	Registered Agent signature i	ADDITIONS/CHANGES TO OFFICER	
12.		AND DIRECTORS	1.1 TITLE	P/C	Change Addition
TITLE	PC	DELETE	•		A change
NAME	STICHTER, PAUL		1.2 NAME	STICHTER , PAUL	
STREET ADDRESS			1.3 STREET ADDRESS	12300 AU 26 ST	
C/TY-ST-ZIP	PLANTATION FL 33324		14 CITY-ST-ZIP	PLANTATION FL 33323	
TITLE		☐ DELETE	2.1 TITLE	V/D	Change Addition
NAME			2.2 NAME	JUDY STICHTEL	•
STREET ADDRESS			2.3 STREET ADDRESS	12300 NW 26 ST	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE		☐ DELETE	3.1 TITLE	Ty	☐ Change Addition
NAME			3.2 NAME	DrIAN STICHTER	•
STREET ADDRESS			3.3 STREET ADDRESS	1200 NW 26 ST	
i I			3.4. CITY-ST-ZIP	PLANTATION, FL 33323	
CITY-ST-ZIP TITLE •	 	☐ DELETE	4.1 TITLE	Tr	☐ Change 🔀 Addition
			4.2 NAME	KEVIN STICHTEN	
NAME	}			KIVIN SICHIUM	
STREET ADDRESS	<u> </u>			12300 MW 26 ST	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PLANTATION, FL 33323	Closes Classes
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
SIKEE ADDRESS	ĺ.				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival 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 in 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:

PAUL STICHTEN.
IE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)