

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V20666** (6)  
1. Corporation Name  
**STEWART INVESTIGATIONS AND RECOVERY, INC.**



Principal Place of Business Mailing Address  
**PO BOX 940112**  
**MAITLAND FL 32794**  
**US**

3. Date Incorporated or Qualified **03/11/1992** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3117233** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution Added to Fees  
7. 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 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**STEWART, MICHAEL A.**  
**1000 WINDERLEY PL #133**  
**MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **STEWART, MICHAEL A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**170 Columbus Cir**  
83 **Longwood, FL**  
84 City **FL** 85 Zip Code **32750**

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 typed or printed in block of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when re-establishing)

DATE

**7-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MICHAEL A.	1.2 NAME	
STREET ADDRESS	1000 WINDERLEY PL #133	1.3 STREET ADDRESS	P.O. BOX 940112
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32794 (NA)
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DENICE J.	2.2 NAME	
STREET ADDRESS	1000 WINDERLEY PL #133	2.3 STREET ADDRESS	P.O. Box 940112
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Maitland, FL 32794 (NA)
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL A. STEWART**

**7-1-96**

DATE

**407 834**

**7374**

DAYTIME PHONE #

CR2E034 (3/96)