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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

STEWART INVESTIGATIONS AND DECOVERY INC

FILED May 13 1998 8:00am Secretary of State

	ce of Business	Mailing Address			
PO BOX 9401	112	PO BOX 940112			
MAITLAND FL		MAITLAND FL 32794			DO NOT WRITE IN THIS SPACE
US		U\$			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
]					03/11/1992
2. Principal F	Place of Business	2a. Mailing Address	······································		4. FEI Number Applied For
21		26			59-3117233 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	SA 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	1 -		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	9 Name and Address	29 29 of Current Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		a. Anneur makieraran whalit		1 Name	IV. Hanne and Address of Heat Hagisterati Agent
	EWART, MICHAEL A.		L		
	D COLUMBUS CIRCLE NGWOOD FL 32750		[8	Street	Address (P.O. Box Number is Not Acceptable)
	INGITUOU FL SEFOU		- -	13	
l					
			8	L4 City	FL 85 Zip Code
_	to the provisions of Section registered agent, or both, in arm familiar with, and accep-	ns 607,0502 and 607,1508, Florida Si n the State of Florida. Such change w I the obligations of, Section 607,0509	tatules, the aboves authorized 5, Florida Statu	by the corples.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable	(NOTE Registered /	Spent signature	e required when reinstating) DATE
12.		ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 1170	<u> </u>	Change Addition
NAME	STEWART, MICHAEL	A.	1.2 NAM	E	
STREET ADDRESS	P.O. BOX 940112		1.3 STR	ET ADDRESS	
CITY-ST-Z#P	MATLAND FL			-\$1-ZIP	
TITLE	V	DELETE	2.1 TITL	Ē	☐ Change ☐ Addition
NAME	STEWART, DENICE J		2.2 NAM	E	
STREET ADDRESS	P.O. BOX 940112 N/	^	1	ET ADDRESS	
CITY-ST-ZIP TITLE	MAITLAND FL	DELETE		/-ST-ZIP	Change Addition
NAME		E DELETE	31 TITL		Change L Addition
STREET ADDRESS			3.2 NAM		
CITY-ST-ZIP			1	ET ADDRESS	
TITUE		☐ DELETE	3 4. CH1 4 1 TITL	/-ST-ZIP	Change Addition
NAME		- Sterie	4, 2 NAN		T August T Manual
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY		
TITLE		DELETE	5.1 Tiff Li		Change Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	l		6.4 CITY		

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 receiving of the proposed 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 but an attachoor with an address

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