

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31269 (6)

1. Corporation Name

STP, INC.



Principal Place of Business

Mailing Address

10205 COLLINS AVE.
SUITE 1206
BAL HARBOUR FL 33154-1429

10205 COLLINS AVE.
SUITE 1206
BAL HARBOUR FL 33154-1429

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

04/22/1992

3a. Date of Last Report

05/22/1995

4. FEI Number

65-0332875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ILVENTO, CHARLES L.
10205 COLLINS AVE.
STE. 1206
BAL HARBOUR FL 33154

81 Name

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

83

84 City

FL

85 Zip Code

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 of person in primary position of registered agent and then applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ILVENTO, CHARLES L
10205 COLLINS AVE., STE. 1206
BAL HARBOUR FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
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DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change ☐ Addition ☐

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change ☐ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change ☐ Addition ☐

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 person or persons authorized by the corporation to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L. ILVENTO - PRESIDENT

6-7-96

305-944-1120

CR2E034 (3/96)