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 #

(7)

STILLWOOD, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address) 1991 Disaul Disau (118) Dillio 1901 Digi Digil	1811 B1814 B1843 B1811 B1811 1881
3049 NORTHEAST 163RD STREET 3049 NORTHEAST 163RD NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL			DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
9. Delegional Place of Decision	Se Marilla a Adulta a		07/28/1992 4. FEI Number	- 114
2. Principal Place of Business	2a. Mailing Address			Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0358920	Not Applicable \$8.75 Additional
22	27		5- Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25 9. Name and Address of C		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	Allent Hegistered Agent	81 Name	1 4 1.1	111 .
WHITE, NANCY 3049 N.E. 163RD STREET			heodore J. Klein, 1	##y
N. MIAMI BEACH FL 33160		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	,
N. MIMMI DEACH PL 33100		83	1/6 108 - 011-01	
		B4 City L	rth Miami Reach F	85 250%
1. Pursuant to the provisions of Sections 60	7 0502 and 607 1508. Florida Statute	s the above-named co	progration submits this statement for the purpose	of changing its registered
office or registered agent or both in the	: State of Florida. Such change was at	uthorized by the corpor	ration's board of directors. I hereby accept the a	ppointment as registered
agent. I am familiar with and accept the	obligations or, Section 607,0505, Flor	nda Statutes.	3//2	192
SIGNATURE Signature, scoper or printed name of registr	ered agent and tric if applicable (NOTE	Registered Agent signature rec	guired when reinstating) DATE	<i>[</i>
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE DP	DELETE	1.1 TITLE		Change Addition
NAME SREDNI, ISAAC		12 NAME	DR95 NE AI St. PH-1 Jurnberry Plaza	•
STREET ADDRESS 3049 NE 163 STR		1.3 STREET ADDRESS	unbern Plaza	
CITY-ST-ZIP NO MIAMI BCH FL		1.4 CHY-ST-ZIP	Aventura Fl 33180	
TITLE VDS	☐ DELETE	2.1 TITLE		Change Addition
NAME SREDNI, ERWIN		22 NAME	1875 NE ALST. PH-I	•
STREET ADDRESS 3048 NE 163 STREET			urnberry Plaza	
CITY-ST-ZIP NORTH MIAMI BEACH F	<u> </u>	2 4 CITY-ST-ZIP	Aventura Fl 33180	
TITLE	☐ DEL ETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-\$1-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY- ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	, <u>, , , , , , , , , , , , , , , , , , </u>	
THILE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CMY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I bereby certify the the information supply indicated on the angual report or supply	lied with the filing does not qualify for	r the exemption stated urate and that my signs	in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made	under oath; that I am an

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in