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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V57965**

(8)

PARTNER PLUS INTERNATIONAL INC.

Principal Place of Business Mailing Address									
10 COCONUT		10 COCONUT LN OCEAN RIDGE FL 33435-5202							
OCEAN HIDGI	: rL 33435	OUEAN NIDGE PL	33433-3202						
						3. Date Incorporated or Qualified		e of Last Re	eport
						08/17/1992	05/0	1/1996	
F '	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			65-0350719 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27					Fee Re	quired	
City & Stat	.e	City & State			6. Election Campaign Financing	П	\$5.00		
7ip	Country	28		ountry		Trust Fund Contribution	hand .	Added t	
24	25	29	30	Outling		8. This corporation has liability fo Florida Statutes	r intangible ta ☐ Yes ☐		199.032,
9. Name and Address of Current Registered Agent			30			10. Name and Address of New R			
STECKE, LYSE B				81	Name				
10 COCNUT LN									
OCEAN RIDGE FL 33435				82	Street Add	ress (P.O. Box Number is Not Accepte	.ble)		
00	EAN NIDOE PL 33433			83					
!									
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508, Florida	Statutes, the	above	-named cor	poration submits this statement for the	nurnose of c	hanging its	s registered
agent I a	am familiar with, and accept the ob	ligations of, Section 607.05	i05, Florida Si	tatutes		ition's board of directors. I hereby account	ibi iue sbboi	nument as	registered
SIGNATURE									
oran in one	Signature, typed or printed name of registered		(NOTE: Registe	ered Age	nt signature requ	ired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			18) <u>. </u>		ADDITIONS/CHANGES TO OFF			
TITEF	D	DELETE		1.1 TITLE			Ľ	Change	☐ Addition
NAME	STECKO, LYSE B.		1.2	1.2 NAME		•			
STREET ADDRESS	10 COCONUT LN		1.3	STREET	ADDRESS	•			
CITY - ST - ZIP				1.4 CITY-ST-ZIP					
TITLE	DELETE		TE 2.1	2.1 TITLE			Ľ	Change	Addition
NAME	AME		2.2	2.2 NAME			1		
STREET ADDRESS			2.3 STF		ADDRESS	•			
CITY - ST - ZIP				4 CITY-S	T-ZIP				
TITLE		☐ DELE	TE 3.1	TITLE				Change	Addition
MAME			1 44	ELLA IC	- 1				

6.4 CITY-ST-ZIP

14. I do 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 receiver or trustee the producted to execute this people as required by Chapter 607, Florida Statutes; and that my name

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

*STREET ADDRESS

STREET ADORESS CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY - \$1 - ZIP

TITLE

NAME

TIFLE

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Daytime Phone #

☐ Change

Change

Addition

Addition

___ Addition

FILED

May 15 1997 8:00am

Secretary of State